north east family medicine

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Consent to transfer medical records

To: …….
……
……

Patient to complete

Name:…….

DOB:…….

Address:……
……
……
……

I hereby authorise for my full medical record to be transferred to North East Family Medicine.

Signed ……

Date ……..

Dear Practice manager,

The aforementioned patient has chosen to attend this clinic. Please can you complete the below information and arrange transfer of the full medical records. We prefer to receive electronic copies in .xml format. We use Best Practice software.

Please include dates and copies of:

Date of last GPMP:……

Date of last TCA:……

Date of last MHCP:……

Date of last health assessment:……

Regards

North East Family Medicine