



BALWYN CENTRAL MEDICAL

HEALTH GROUP

427 Whitehorse Road, Balwyn VIC 3103 | T: (03) 9830 2300 | F: (03) 9830 2355 | www.bcmedical.com.au

Transfer of Medical Records Consent Form

I, _____ give consent for my medical records to be released to Balwyn Central Medical, 427 Whitehorse Road, Balwyn. 3103

Patient D.O.B: _____ Address of Patient: _____

Patient's previous clinic/GP: _____

Phone: _____ Fax: _____

Patient signature: _____

Date: _____

Please include the following:

- | | | |
|--|--|---|
| <input type="checkbox"/> Health Summary | <input type="checkbox"/> Investigation Reports | <input type="checkbox"/> All Existing Records |
| <input type="checkbox"/> Health Assessment | <input type="checkbox"/> Immunisation History | |
| <input type="checkbox"/> GP Care Plan (721) | <input type="checkbox"/> Visit Notes | |
| <input type="checkbox"/> Team Care Arrangement (723) | <input type="checkbox"/> Specialist Letters | |

I authorise for this release to be;

- Faxed to the requesting practice
 Sent by mail to the requesting practice

(If sending by CD, format must be in XML.)

Office Use Only:

Date Copy Sent: _____

Signature of Practice Representative: _____