

# Request for Medical Records Transfer

Use this form to authorise the transfer of your medical records from your previous practice to Rochedale Family Practice. Please complete all relevant details clearly.

Please note: your previous practice may charge a fee for copying or transferring records.

## 01 Patient Details

Full name

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Preferred name

---

Date of birth

---

Mobile phone

---

Current address

---

Email

---

Suburb / postcode

---

Medicare number

---

## 02 Previous Practice Details

Previous practice name

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Practice address

---

Doctor / provider name

---

Practice fax

---

Practice phone

---

Practice email

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## 03 Records Requested

- Please transfer a copy of my complete medical record.
- Please transfer a health summary and current medication list.
- Please include recent pathology, imaging, and specialist letters where available.

04

## Authority and Consent

- I authorise my previous practice to release my medical records to Rochedale Family Practice.
- I understand this request may include personal and sensitive health information.
- I understand my previous practice may retain the original record in accordance with legal requirements.

Patient / guardian signature

Date signed

05

## Send Records To

### Rochedale Family Practice

Unit 2, 48-54 Koobil Street

Rochedale South QLD 4123

Phone: (07) 3341 2022 | Fax: (07) 3219 0789

Email: [reception@rochedalefp.com.au](mailto:reception@rochedalefp.com.au)

### Helpful notes

⌘ Please allow time for your previous practice to process the request.

⌘ If there is a fee, the previous practice may contact you directly before sending records.

⌘ You can return this completed form to our reception team before your first appointment.