

## REQUEST FOR TRANSFER OF MEDICAL RECORDS

### Request issued to:

Clinic Name:

Date:

Doctor:

Phone number:

Email:

### Requesting Doctor

We'd like to notify you that the following patient(s) have recently become patients at Evercare and would like their medical records transferred. We would appreciate it if you could provide any relevant information that would assist in ensuring their seamless continuation of care.

### Patient Declaration:

I authorise the release of my medical information to Evercare.

Please indicate your Evercare clinic:

<b>Evercare Clayfield</b> (07) 3608 1400 clayfield@evercare.com.au	<b>Evercare Mitchelton</b> (07) 3132 1700 mitchelton@evercare.com.au	<b>Evercare Redcliffe</b> (07) 3132 0200 redcliffe@evercare.com.au
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### Patient Details:

Name:

DOB:

Signature:

Please include my family members *(if applicable)*:

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

#### Clayfield

256 Junction Road  
Clayfield Qld 4011

**07 3608 1400**

clayfield@evercare.com.au

#### Mitchelton

87 Osborne Road  
Mitchelton Qld 4053

**07 3132 1700**

mitchelton@evercare.com.au

#### Redcliffe

99 Marine Parade  
Redcliffe QLD 4020

**07 3132 0200**

redcliffe@evercare.com.au