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 Healthlink: granthse | 



Request to Transfer Medical Records to Grantham House

Date: _____
 Request To: _____

 Fax No: _____

We wish to advise that the patient(s) listed below is/are now attending Grantham House.

To ensure continuity of care, it is requested that their medical records be transferred to this Centre by Registered Mail. **Grantham House uses Best Practice Software. If you also use Best Practice, please send notes on a disk in XML format.**

If fees apply please advise the patient of any associated costs for transferring their records.

We would also appreciate the EPC history of the patient as listed below:

	<i>Completed Yes/No</i>	<i>Date Completed</i>
<i>GPMP Created (Item 721)</i>		
<i>TCA Created (Item 723)</i>		
<i>Health assessment (Item 701,703,705,707)</i>		
<i>Home Medicine Review (Item 900, 903)</i>		
<i>Mental Health Plan (Item 2710/ 2712)</i>		

Patient Surname: _____
 Address: _____

First Name: _____ Signature: _____ Date of Birth: _____
 First Name: _____ Signature: _____ Date of Birth: _____

**Please note that all patients over 16 years of age MUST sign to authorise transfer of their medical records.*
 If you require any further information, please do not hesitate to contact us on (08) 9387 2000.