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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. **Grantham House uses Best Practice Software and would appreciate receiving the medical records by email 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>EPC</i>	<i>Completed Yes/No</i>	<i>Date Completed</i>
GPMP Created (Item 721) TCA Created (Item 723) Health assessment (Item 701,703,705,707) Home Medicine Review (Item 900, 903) Mental Health Plan (Item 2710/ 2702)		

Patient Surname: _____
 Address: _____

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