We provide healthcare that is holistic and respectful, which enables people to enjoy their best possible health and to thrive in their lives.

## Our team support each other to do their best. Together we grow and thrive



## **Patient Transfer of Medical Notes**

Address: Crookwell: 161 Goulburn St Crookwell, NSW / Taralga : 75 Bunnaby St Taralga, NSW 2583
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Phone: 02 48 803 809 Fax: 612 4744 3655

1110116: 02 40 003 003		1 ux: 012 +7++ 3033
Mail: Po Box 239, Crookwell NSW. 2583		Email: reception@thrivegp.com.au
<b>ABN</b> : 20 874 354 075		
Patient Details		
Date		
Patient Name		
Date of Birth		
Current Address		
<b>Previous GP Details</b>		
Name of Previous		
Medical Practice		
Name of Previous GP		
GP's Address		
Phone		
Fax		
Email		
for Dr Lisa Opie:  Patient Health Summary incl  Medication regimen  History Recent patholo  X-ray and relevant resu  Names of specialists in  Full Immunization Histo  Dates of the Following also w  Care Plans (721, 723, 7)  Health Assessment (70)  Home Medication revie  GP Mental Health Treat  Our practice uses Best Practice	we would appreciate luding  gy ults volved in the patient ory would be appreciated (32) (1, 703, 705) ew (900) tment (2712, 2713, 2) ce software. If you als	e it if you could please provide the following information  's care  2715, 2717)  so use this software, please export the patient file to a CD
NSW 2583 as listed below.	и (import/Export) an	d select XML format. Please post to PO Box 239 Crookwell,
l,		, hereby give permission for the release of the above
information to Thrive GP Med	dical Practice	Date:
Patient Signed:		GP Signature: