

## REQUEST FOR TRANSFER OF RECORDS

**PATIENT NHI** (if known) \_\_\_\_\_

First Names \_\_\_\_\_ Surname \_\_\_\_\_

Date of Birth \_\_\_\_\_

## PATIENT INSTRUCTION FOR PREVIOUS DOCTOR

Doctor or Medical Practice Name \_\_\_\_\_

Address/Location \_\_\_\_\_

**Office use:** EDI \_\_\_\_\_ Fax \_\_\_\_\_ Phone \_\_\_\_\_

**I intend to enrol with Health-I Care medical practice. Please transfer my medical records to Health-I Care immediately via Healthlink, including any old paper and scanned records. Thank you.**

**Patient signature** \_\_\_\_\_ **Request Date** \_\_\_\_\_

**I am under 16 years old or unable to consent independently. My authorised person below will sign for me.**

**Authorised signature** \_\_\_\_\_ **Request Date** \_\_\_\_\_

**Full Name** \_\_\_\_\_

**Relationship to patient** \_\_\_\_\_ **Phone** \_\_\_\_\_

**When you have completed this form, please return to Health-I Care or email to [reception@health-icare.co.nz](mailto:reception@health-icare.co.nz) to action this request.**

Office use:  File request to notes  Notify previous doctor via Healthlink  Create Task to check on notes arrival