



Bridge Clinic  
8 Standen St  
Murray Bridge SA 5253  
Ph: 08 8539 3232  
Fax: 08 8539 3237  
bcinfo@bridgeclinic.com.au

Date: \_\_\_\_\_

Dear Dr/ Medical Centre: \_\_\_\_\_

Address: \_\_\_\_\_

Fax/Email: \_\_\_\_\_

The following person/family named below are now attending our clinic. Could you please forward a copy/summary of any relevant medical history that would be of assistance to our clinic for their ongoing care.

**We are aware that a fee may apply and request that the patient(s) be advised of the fee relating to the transfer of medical records**

**PLEASE DO NOT SEND A DISK**

Could you also please assist us by advising if the patient/s have had any of the following health assessments or reviews conducted within the last 2 years.

GP Management Plan      Date:      GP Management Plan Review:      Date:

GP Mental Health Plan      Date:      GP Mental Health Plan Review:      Date:

Team Care Arrangement      Date:      Team Care Arrangement Review      Date:

I agree to my records being transferred by email    Yes  No

**\*Patients Authority – all patients over the age of 16 years old are required to sign individually**

Names:	D.O.B.:	Signatures:
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Current Phone Number:** \_\_\_\_\_

**Current Address**  
\_\_\_\_\_  
\_\_\_\_\_

**Previous Address:**  
\_\_\_\_\_  
\_\_\_\_\_

Notes: \_\_\_\_\_

Thank You  
Medical Records Clerk, Bridge Clinic