National Health Co-op
Better Health Together

Phone: (02) 6178 0400
Fax: (02) 6259 3101
email: reception@nhc.coop
Website: www.nhc.coop
PO Box 521 Jamison Centre ACT 2614

Medical Record Transfer Request

PATIENT DETAILS			
Given name:		Surname:	
Date of birth:			
Street address:			
Suburb:		Post code:	
DETAILS OF DEPENDANTS UNDER THE AGE OF 18			
Given and Surname:		Date of birth:	
Given and Surname:		Date of birth:	
Given and Surname:		Date of birth:	
DETAILS OF PREVIOUS HEALTH CARE PROVIDER			
Practice:			
Address:			
Suburb:		Post code:	
Phone no:		Fax:	
I, and the above persons, am now attending the National Health Co-operative (NHC) clinics. Could you kindly arrange for a copy of my/our records to be forwarded to the NHC as soon as possible.			
Print name of person completing this form (all persons over 16 years of age must sign)			
Name:		Date:	
Signature:			
Name:		Date:	
Signature:			
Name:		Date	
Signature:			

NHC is unable to pay any fees another practice may charge for copying and forwarding records. If there is a fee for record transfer, please contact the patient for payment.

Please note we use Best Practice medical software and will only accept records electronically in XML format. If this is not possible please send hardcopy patient records.

Please address all record transfers to:
The Operation Manager
Private and Confidential
National Health Co-op
PO Box 521
Jamison Centre ACT 2614