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Thrive Medical Practice

Patient Details

Date:	
Patients Name:	
DOB:	
Current Address:	

Previous GP Details

Name of Previous Medical Practice:	
Name of Previous GP:	
GP's Address	
Phone	
Fax	
Email:	

The patient above is attending Thrive GP Medical practice.

To provide continuity of care, we would appreciate if you could please provide the following information for Dr Lisa Opie:

Patient Health Summary including

- Medication regimen
- History Recent pathology
- X-ray and relevant results
- Names of specialists involved in the patient's care
- Full Immunization History

Dates of the Following also would be appreciated

- Care Plans (721, 723, 732)
- Health Assessment (701, 703, 705)
- Home Medication review (900)
- GP Mental Health Treatment (2712, 2713, 2715, 2717)

Our practice uses Best Practice software. If you also use this software, please export the patient file to a CD via the HCN Maintenance tool (Import/Export) and select XML format. Please post to PO Box 239 Crookwell, NSW 2583 as listed below.

I, _____, hereby give permission for the release of the above information to the Thrive GP Medical Practice.

Date: _____ Patient Signed: _____ GP Signature: _____

