

PO Box 6410,
Te Aro, Wellington
Ph (04) 801 8935
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EDI: capcarhc



Request for Transfer of Notes From Previous Primary Health Care Provider

Please transfer the medical records of the following to Capital Care Health Centre:

Full Name: _____

Date of Birth: ___/___/_____

Signature: _____ Date of Signature: ___/___/_____
(If over 16 years of age)

OR

Signed by Authority: _____ Date of Signature: ___/___/_____

Relationship to Patient: _____

Name of previous medical centre: _____

Address of previous medical centre: _____
(If not known please write the town/city it was located)

**Please note that request for medical records for patients aged 16 years or over are
required by law to be signed by the patient.**

OFFICE USE ONLY

| Doctor | NZMC | ✓ | Doctor | NZMC | ✓ |
|---------------------|-------|---|----------------------|-------|---|
| Alexander Kassianos | 85793 | | Jonathan Werkmeister | 71947 | |

If unable to use GP2GP please forward all Electronic Notes via EDI. If unable to do either please print off all Electronic Notes and forward along with Hard Copy of files.