



REQUEST TO TRANSFER CARE WITHIN THE PRACTICE

To maintain continuity of care, patients at Bendigo Primary Care Centre can expect to see their usual Doctor on most occasions. You may be offered an appointment with another Doctor, *only* if your regular Doctor is away and your case is urgent. This does not indicate a transfer of your care and your regular Doctor will remain so.

Whilst we make every effort to accommodate your choice of Doctor, it is not always possible to change Doctors within the practice. If you wish to transfer your care to a Doctor other than your regular Doctor, within Bendigo Primary Care Centre, please fill in the details below. The request will be forwarded to the requested Doctor for review. Acceptance is at the discretion of the Doctor.

Details of Patient

Surname: _____ Given name(s): _____

Address : _____

Date of Birth: _____ Phone Number: _____

Details of Doctors

Current Doctors Name: _____

Doctor you are requesting to transfer to: _____

Reason for Transfer: _____

Patient Consent

I, _____ am requesting to transfer my care as stated above.

I understand that the Doctor I am requesting to see will have access to my medical file in order to review my request. I understand that the decision to accept my care is at the discretion of the receiving Doctor.

Signature: _____

Date: ___/___/___

Please allow 10 business days for requests to be processed and reviewed. A staff member from Bendigo Primary Care Centre will contact you when a decision has been made.

Office Use Only: Request accepted Request denied GP signature: _____