

Date: [Insert Date]

To: [Recipient Name/Practice Name]

Address: [Recipient Address]

Fax/Email: [Recipient Fax or Email]

RE: Request for Medical Records / Chronic Disease Management Files

Patient Name: [Patient Full Name]

Date of Birth: [Patient DOB]

Address: [Patient Address]

Dear [Recipient Name],

I am writing to formally request a copy of the chronic disease management files and relevant clinical notes for the above-named patient.

As the patient's [Your Profession, e.g., Physiotherapist/Dietitian], I require these documents to ensure continuity of care and to align my treatment plan with their current Chronic Disease Management (CDM) plan or Team Care Arrangements (TCA).

Specifically, please provide copies of the following:

- Current GP Management Plan (GPMP - Item 721)
- Current Team Care Arrangements (TCA - Item 723)
- Relevant specialist reports or diagnostic results
- Current medication list

Attached to this request is a signed consent form from the patient authorizing the release of this information to our clinic.

Please forward the requested documents via [Secure Messaging/Fax/Email] to [Your Contact Details].

Thank you for your assistance in the co-management of this patient.

Sincerely,

[Your Signature]

[Your Name]

[Your Title/Provider Number]

[Your Clinic Name]