



MEDICAL RELEASE FOR NEW PATIENTS TRANSFERRING TO EWFHT

Please complete this form and give to your previous doctor to transfer your medical records to EWFHT
(previous doctor may charge for this service)

Erin Clinic

Dr. Meredith Barakat
Dr. Duncan Bull
Dr. Blair Cappel

Dr. Lucille Chan
Dr. Laura Daly
Dr. Nancie Parent
Dr. Roxanne Trangmar

1-6 Thompson Cr.
Erin, ON N0B 1T0

Phone: 519-833-9396
Fax: 519-833-9838

Rockwood Clinic

Dr. Rabia Khan
Dr. Alejandra Marin

Dr. Andrew Martin
Dr. Kevin Samson

175 Alma St., Unit A
Box 340
Rockwood, ON N0B 2K0

Phone: 519-856-4611
Fax: 519-856-4612

Date MM/DD/YY: _____

To: Previous Dr's Name _____

Previous Dr's Address _____ Fax _____

It is hereby requested that for each person named below, a medical file summary be prepared and forwarded to my new physician at the East Wellington Family Health Team:

If applicable, please include notes re: _____

If you are using TELUS PS Suite EMR, please send an export of the patient's chart rather than pdf files. This allows us to import the information directly into our EMR which is much more effective. If you are not familiar with how to do this please call our office for some simple instructions.

All information below is REQUIRED:

| First Name | Last Name | Date of Birth (DD/MM/YY) | Signature if 16 years + | Witness Signature |
|------------|-----------|-----------------------------|----------------------------|-------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Please transfer medical records to:

New EWFHT Dr: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Fax: _____

**** Please note your previous doctor will quote you for the cost of this service as it is not covered by OHIP.**