

Prospective RACF Resident Request for GP Services

FORM

Medical Clinic	Clinic Phone
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Medical Clinic Email

Dear Doctors,

I am about to move into permanent accommodation at the Residential Aged Care Facility identified below. I am relocating to a Residential Aged Care Facility because *(please include any current medical issues)*

My usual GP does not visit patients at this RACF.
 I am therefore respectfully requesting your services to be my regular General Practitioner.
 Yours sincerely,

Full Name	EPOA
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D.O.B:	EPOA Phone
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Medicare #	Pension#	DVA #
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I am currently living at home <input type="radio"/> I can be contacted: Phone Email	I am currently in hospital <input type="radio"/> Hospital Support Person: Phone Email
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My Future RACF	Wing/Room Details
Address	RACF Phone
	Expected Date of Transition

RACF email

RACF Contact Person
