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Dr G Prashanth Reddy Dr Sandhya Reddy Manchireddy Dr Jehan Phillips Dr Bianca Perera
Dr Aruna Suraweera Arachchige Dr Sanjeewa Kumara Dr Dinali Vithanage

Name.....

D.O.B.....

Current Address.....

Name of Doctor.....

Address of Doctor.....

Children:Date of Birth:.....
.....Date of Birth:.....
.....Date of Birth:.....

We use Best Practice software and prefer files to be sent on disc in XML format.

We would be grateful if you could please fill out the table below to ensure continuity of care.

Item	Date last claimed	Never claimed
Health Assessment (707 or 715)		
GP Management Plan (721)		
GP Management Plan Review (732)		
Team Care Arrangement (723)		
Review of TCA (732)		
Mental Health Care Plan (2700, 2712, 2715 or 2717)		

Dear Doctor,

The above-named patient is now attending this practice on a regular basis. I would be grateful if you would forward to the office any relevant information that would assist with this patient's care.

Yours sincerely,

PATIENT'S SIGNATURE.....