



NEW PATIENTS TRANSFERRING TO EWFHT MEDICAL RELEASE

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

Rockwood Clinic

Dr. Blair Cappel
Dr. Lucille Chan
Dr. Laura Daly

Dr. Kamakshi Ganesan
Dr. Nancie Parent

Dr. Alejandra Marin
Dr. Anam Irshad

Dr. Rabia Khan
Other: _____

1-6 Thompson Cr.
Erin, ON N0B 1T0
Phone: 519-833-9396
Fax: 519-833-9838

175 Alma St., Unit A
PO Box 340
Rockwood, ON N0B 2K0
Phone: 519-856-4611
Fax: 519-856-4612

DATE (mm/dd/yr): _____

TO (Previous Dr's full name): _____

ADDRESS: (Previous Dr's full name): _____

City: _____ Province: _____ Postal Code: _____

Fax: _____ Phone: _____

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	DOB (DD/MM/YY)	Signature (16 yrs+)	If picking up: EWFHT Staff Witness Signature

Please transfer medical records to:

New EWFHT Physician: _____ Fax: _____

Address: _____ Postal Code: _____

City: _____ Province: _____

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