Transferring Baby Medical Records to a New Practice

Why a Complete Transfer Matters

Medical records are more than a summary of diagnoses. For an infant, they form a longitudinal record of perinatal events, growth, feeding, development, preventive care, and responses to previous evaluations. A complete chart can help the new clinician interpret current findings in context and make appropriate decisions about monitoring and follow-up.

Important information may include the pregnancy and delivery history, gestational age, birth weight, neonatal complications, discharge summary, newborn screening, hearing screening, congenital heart screening, bilirubin measurements, feeding assessments, and early weight checks. The pediatric record may also contain medication and allergy documentation, vaccine administration dates, laboratory reports, imaging interpretations, consultation letters, and messages about concerns raised between visits.

Continuity of pediatric care is especially valuable when a baby has a chronic condition, a history of prematurity, a prior hospitalization, feeding or growth concerns, abnormal screening results, or pending specialist evaluation. Even when your baby is generally well, accurate records help prevent unnecessary duplication and support timely preventive care.

Decide Which Records to Request

Ask the former practice what is included in its standard pediatric record release and whether separate requests are needed for records held by other organizations. The former pediatrician may not possess the full hospital chart, specialist documentation, or laboratory and imaging source reports.

For most babies, request the following categories:

The complete office chart, including visit notes, telephone encounters, portal messages relevant to care, and care plans
Growth charts and recorded measurements, including weight, length, and head circumference
Immunization history, vaccine product details when available, administration dates, and documented reactions
Newborn screening, hearing, vision, and critical congenital heart disease screening results
Laboratory reports, imaging reports, pathology results if applicable, and procedure documentation
Medication history, documented allergies or adverse reactions, and problem lists
Hospital discharge summaries, emergency department notes, and specialist consultation reports
Referrals, pending investigations, recommended follow-up intervals, and missed or outstanding appointments

It is reasonable to ask the new practice whether it needs the entire chart or selected components. A complete transfer is generally preferable when the medical history is complex or when the new practice has not previously cared for your baby.

Authorize and Submit the Request

Health information is protected, and the former practice will generally require a written request or authorization before releasing your baby’s records. The authorization may ask for the child’s full name, date of birth, address, the records requested, the receiving practice, the permitted method of delivery, and the parent’s or legal representative’s signature. Follow the practice’s

form carefully; an incomplete authorization can delay processing.

Ask the former practice which submission methods it accepts. Depending on the organization, families may be able to submit a request through an online portal, by fax, by mail, or in person. Confirm the correct destination for the records and whether the new practice can receive them through a secure electronic health information exchange. Avoid sending private medical information through an unsecured personal email account unless the practice has specifically approved that method and explained the associated risks.

Ask about the expected processing time, whether the records will be sent directly to the new practice or released to you, and whether there are reasonable copying or administrative fees. Policies vary by jurisdiction and organization. Request an itemized explanation if a fee is unexpected, and ask whether electronic delivery changes the cost.

Keep a copy of the signed authorization, the submitted request, any receipt or confirmation number, and the names and dates of people you contacted. A simple transfer log can include the request date, records requested, delivery method, expected completion date, and follow-up dates. This documentation is useful if the request needs escalation.

Coordinate Records From Other Sources

Infant care frequently involves several settings, so transferring the pediatric office chart may not be enough. Contact the medical records department of the birth hospital if the new clinician needs neonatal, delivery, or postpartum documentation. Hospitals may use a separate authorization form and may release only records for which the requesting parent or legal representative has permission.

Similarly, request records directly from pediatric subspecialists, urgent care centers, emergency departments, outpatient laboratories, diagnostic imaging facilities, and public health or immunization services when applicable. Ask each organization to send records to the new practice and retain a personal copy of especially important documents.

Newborn screening programs can have their own reporting systems. If a screening

result was abnormal, incomplete, repeated, or still pending, tell the new practice directly rather than relying only on the transfer. Give the clinician the date of the test and the organization that performed it so the team can verify the result.

When transferring pediatric medical records across regions or health systems, terminology, vaccine schedules, reference ranges, and electronic record formats may differ. The new practice may need clarification from the former clinician or the originating laboratory. This is one reason to arrange the transfer well before routine care is due.

Prepare for the First Visit

Do not assume that records have arrived simply because the request was submitted. Call the new practice several business days before the appointment, if possible, and ask whether the chart is available for clinical review. Confirm that the office received the documents from each major source rather than only a cover sheet or partial summary.

Bring or upload any essential information the new practice does not yet have. This may include the baby's immunization record, hospital discharge paperwork, newborn screening results, specialist letters, medication containers or current dosing instructions, and a written list of allergies or suspected reactions. If you have maintained a home record of weights, feeding patterns, or symptoms, bring it as supporting context, while recognizing that clinician-measured data and formal reports remain the primary medical record.

At the first visit, ask the clinician or staff member to verify several high-value elements:

Birth and neonatal history, including gestational age and complications
Recent growth measurements and the prior growth trajectory
Immunizations and the next preventive-care milestones
Newborn screening and other screening results
Current medications, allergies, and adverse reactions
Pending referrals, tests, or follow-up recommendations

Ask how the practice records outside documents and how you will be notified

when a missing report is received. If a clinically important issue is pending, request that it be listed in the new practice's assessment and follow-up plan.

Check for Gaps and Resolve Problems

Review the transferred material for practical completeness rather than trying to interpret every clinical detail independently. Check whether the dates and identifiers are correct and whether the chart contains the records that were specifically requested. Pay particular attention to vaccine dates, growth measurements, screening outcomes, medication and allergy lists, hospitalizations, and specialist recommendations.

Some records may arrive in batches. A practice may first send office notes and later receive laboratory results or consultation letters. Maintain a list of outstanding items and provide it to the new practice. If the former practice says that a document belongs to another organization, contact that organization directly rather than assuming the missing information is unavailable.

If there is a discrepancy, do not alter the original document. Ask the new clinician to review the inconsistency and contact the originating practice or facility for clarification. Examples include conflicting vaccine dates, different recorded birth weights, an allergy listed in one chart but not another, or a recommendation that appears to have no corresponding result. Accurate reconciliation protects your baby from both missed care and unnecessary repeated interventions.

For urgent concerns, an active treatment plan, a pending abnormal result, or a time-sensitive referral, communicate directly with the new clinician's office. Records transfer is an administrative process and should not delay professional advice or follow-up that your baby may need.

Protect Your Own Reference File

Keeping a personal health file can make future appointments, travel, insurance changes, and additional transfers easier. Store copies of the immunization history, newborn screening documentation, hospital discharge summary, significant test reports, specialist letters, and the latest medication and allergy list. Use a secure, access-controlled digital location or a physically

protected file, and avoid leaving unencrypted medical documents in shared accounts.

Organize documents by date and source, and label them with the baby’s full name and date of birth when appropriate. Record the name and contact details of each practice or facility, but do not rely on your personal file as a substitute for the official medical record. Give the new practice the original reports or authorized copies when requested.

Before changing practices, ask whether the former pediatrician has recommendations for interim care, pending follow-up, or vaccine timing. A respectful, factual handoff benefits everyone involved. You are entitled to ask questions about the transfer, including what has been sent, what remains outstanding, and how privacy will be maintained.