

Change of ownership details

General Information

Date of settlement	
NEW Trading Name	
NEW Entity Name	
NEW ABN	
Business Phone	
Business Fax	
Business Email 1	
Business Email 2	
Website	

Business physical Address details	Line 1	
	Line 2	
	Suburb	
	Postcode	
	State	

Business mail Address details (if different from above)	Line 1	
	Line 2	
	Suburb	
	Postcode	
	State	

****Business email address 1 will be automatically subscribed to receive general practice relevant emails and the monthly Practice Link newsletter***

www.brisbanenorthphn.org.au

Level 1, 14 Banfield Street, Chermside, QLD, 4032
PO Box 2013, Chermside Centre, QLD 4032
t 07 3630 7300 f 07 3630 7333

Details of staff at practice

By providing your email address you consent to be added to our distribution list to receive health news and updates from the Brisbane North PHN region direct to your inbox or letterbox.

Name (please list all directors, health professionals, managers, admin, nurses etc) Please attached another page if required.	Position (please advise if nurses are AIN, EN or RN)	Email Address (if different to main business email addresses)	Specialty qualification, interest or services offered	Languages spoken other than English

Residential Aged Care Homes (RACH)

GENERAL PRACTITIONER NAME	NAME OF RESIDENTIAL AGED CARE HOME VISITED

Consulting type

- ☐ VIDEO ☐ PHONE
- ☐ HOME VISITS ☐ RACH VISITS
- ☐ MDT
- ☐ AFTER HOURS (OUTSIDE OF 8AM-6PM MON TO FRI & AFTER 12PM SAT)

Accreditation

- ☐ UNAWARE OF ACCREDITATION ☐ NOT PLANNING TO UNDERGO / INELIGIBLE
- ☐ PLANNING TO UNDERGO ACCREDITATION ☐ REGISTERED OR CURRENTLY IN PROGRESS
- ☐ CURRENTLY ACCREDITED

ACCREDITATION PROVIDER:

ACCREDITATION DUE DATE:

Practice Incentive Program (PIP)

- ☐ UNAWARE OF PIP ☐ NOT PLANNING TO PARTICIPATE / INELIGIBLE
- ☐ CURRENTLY IN PROGRESS / REGISTERED
- ☐ REGISTERED

PRACTICE PIP ID:

PIP QUALITY IMPROVEMENT INCENTIVE

- ☐ REGISTERED ☐ PLANNING TO REGISTER IN THE FUTURE

HAS THE PRACTICE COMPLETED A PRACTICE INCENTIVES CHANGE OF PRACTICE OWNERSHIP FORM?

[Practice Incentives Change of practice ownership form \(IP010\) - Services Australia](#)

MyMedicare Participation

- ☐ INTERESTED ☐ REGISTERED ☐ INELIGIBLE
- ☐ DECLINED

Digital Health

CLINICAL SOFTWARE

☐ BEST PRACTICE
☐ MEDICAL DIRECTOR
OTHER:
SOFTWARE VERSION:

BILLING/ADMINISTRATION SOFTWARE

☐ BEST PRACTICE
☐ MEDICAL DIRECTOR
OTHER:
SOFTWARE VERSION:

SECURE MESSAGING SOFTWARE

☐ MEDICAL OBJECTS
☐ HEALTH LINK
☐ ARGUS
OTHER:

ETP SOFTWARE (E.G ERX)

☐ ERX
☐ MEDISECURE
OTHER:

MY HEALTH RECORD	☐ INTERESTED	☐ REGISTERED	☐ DECLINED
GP SMART REFERRALS	☐ INTERESTED	☐ LIVE	☐ DECLINED
NATIONAL CANCER SCREENING REGISTER	☐ REGISTERED	☐ INTERESTED	☐ DECLINED
PROVIDER CONNECT	☐ INTERESTED	☐ REGISTERED	☐ DECLINED
DATA TOOLS	☐ PRIMARY SENSE	☐ PENCAT	☐ CUBIKO ☐ OTHER: _____
IT PROVIDER:			
IT PHONE AND EMAIL:			

Feedback

Please let our team know if you would like more information about a certain topic or include suggestions which outlines other ways Brisbane North PHN can support your practice:
