# New General Practice Information Details

## Practice Information

|  |  |
| --- | --- |
| Practice Trading Name |  |
| Practice Entity Name |  |
| Practice ABN |  |
| Business Phone |  |
| Business Fax |  |
| Business Email 1 |  |
| Business Email 2 |  |
| Website |  |
| Hospital Catchment |  |

|  |  |  |
| --- | --- | --- |
| 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\*

## 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 on the Brisbane North PHN region direct to your inbox or letterbox.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name (please list all directors,GPs, managers, admin, nurses etc)  Please attached another page if required. | Position  please include if nurses are AIN, EN or RN | e-Mail Address (if different to main business email addresses) | RACGP Number (GPs only for education purposes) | GP & nurse languages spoken other than English |
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## Primary Care Workforce

|  |  |
| --- | --- |
| Number of VR GPs |  |
| Number of non-VR GPs |  |
| GP Registrar training practice? |  |
| Practice willing to take placement of medical or allied health students? | [ ] YES [ ] NO |

## RACFs Please list any GPs that regularly care for/visit or provide vaccinations to residents at an aged care facility.

|  |  |
| --- | --- |
| Doctor Name | Name of Residential Aged Care Facility (RACF) |
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## Special Services & Interests Please list any GPs that have a special interest service that is offered at the practice (e.g refugee health, emergency medicine, obstetric shared care, cosmetics)

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| --- | --- |
| Doctor Name | Special Interest or Qualification |
|  |  |
|  |  |
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## Accreditation

Is the practice registered for or currently holds accreditation status? Yes / No

If yes, who is the accreditation provider:

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Accreditation due date:

MyMedicare

Will you be participating in MyMedicare?

Yes

No

Not eligible

Registration declined

Not sure, would like more information please

Telehealth:

* Video
* Phone
* Both
* None

Data Tools currently installed on the server:

|  |  |
| --- | --- |
| * CAT4 | * PenCS Scheduler |
| * Top Bar | * Primary Sense |

Secure Messaging Software: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HPI-O #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

eTP Software (e.g Medisecure or ErX): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GP Smart Referrals Installed: Yes / No

Clinical Software Name & Version:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Billing/administration Software Name & Version:   
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IT Company Name and Contact Phone:

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## Feedback

Please enter any information which outlines other ways Brisbane North PHN can support your practice:

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