

General Practice Information 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	
Authorised contract signatory (1 only)	
Email address for authorised contract signatory (1 only)	

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, Market Central
120 Chalk Street, Lutwyche QLD 4030
PO Box 845 Lutwyche QLD 4030
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

☐ INTERESTED

☐ DECLINED

☐ REGISTERED

☐ NOT ELIGIBLE

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	<input type="checkbox"/> INTERESTED	<input type="checkbox"/> REGISTERED	<input type="checkbox"/> DECLINED
GP SMART REFERRALS	<input type="checkbox"/> INTERESTED	<input type="checkbox"/> LIVE/INSTALLED	<input type="checkbox"/> DECLINED
NATIONAL CANCER SCREENING REGISTER	<input type="checkbox"/> REGISTERED	<input type="checkbox"/> INTERESTED	<input type="checkbox"/> DECLINED
DATA TOOLS	<input type="checkbox"/> PRIMARY SENSE	<input type="checkbox"/> PENCAT	<input type="checkbox"/> CUBIKO <input type="checkbox"/> OTHER: _____
PROVIDER CONNECT	<input type="checkbox"/> INTERESTED	<input type="checkbox"/> REGISTERED	<input type="checkbox"/> DECLINED
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:
