# General Practice Information Details

## General Information

|  |  |
| --- | --- |
| Trading Name |  |
| Entity Name |  |
| ABN |  |
| Business Phone |  |
| Business Fax |  |
| Business Email 1 |  |
| Business Email 2 |  |
| Website |  |
| MyMedicare participation | ☐ Interested ☐ Registered ☐ Ineligible ☐ Declined |
| Authorised contract signatory  (1 only) |   |
| Email 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\*

## 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**  |
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## Residential Aged Care Homes (RACH)

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| **General Practitioner Name** | **Name of Residential Aged Care Home visited** |
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|  |  |

## 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 |

Digital Health

|  |  |
| --- | --- |
| Clinical Software | Billing/Administration Software  |
| [ ]  Best Practice | [ ]  Best Practice |
| [ ]  Medical Director | [ ]  Medical Director |
| Other: | Other: |
| Software Version:  | Software Version:  |
| Secure Messaging Software  | eTP Software (e.g ErX)  |
| [ ]  Medical Objects | [ ]  ErX |
| [ ]  Health Link | [ ]  MediSecure |
| [ ]  Argus | Other: |
| Other: |  |

|  |  |
| --- | --- |
| My Health Record  | [ ]  Interested [ ]  Registered [ ]  Declined |
| GP Smart Referrals | [ ]  Interested [ ]  Live/Installed [ ]  Declined |
| National Cancer Screening Register | [ ]  Interested [ ]  Registered [ ]  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:

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