

# Practice Information Form



Practice Name:.....

Practice Address:.....

Principal General Practitioner:..... Practice Manager:.....

Surgery Phone No:..... Surgery Fax No:..... Surgery Email:.....

Practice Manager Email:..... Practice Manager Mobile:.....

Is this practice accredited?  Yes  No AGPAL/GPA (Please circle) Is your practice bulk billing/private billing? (Please circle)

Surgery Hours:	Monday		Friday	
	Tuesday		Saturday	
	Wednesday		Sunday	
	Thursday		Public Holiday	

To ensure that your patients receive the optimum after hour's service, it is imperative that our database is kept up to date. Please advise of any changes to medical personnel (i.e. Doctor leaving or joining surgery).

## Details of Doctors

Doctor's Name:	Home Phone:	Mobile:	Total Hours Worked (Per Week)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## Details of GP Trainees

Doctor's Name:	Home Phone:	Mobile:	Total Hours Worked (Per Week)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**In-Hours**, when the surgery is open, all calls must be placed by the surgery. Calls will only be accepted in-hours from the patient if the doctor is unavailable or not contactable. **After-Hours**, patients can call **Doctor Home Visits** direct.

**What software does your Practice use?**

Best Practice  Medical Director  Genie  Medtech  Other .....

**How would you like to receive Clinical notes?**

Healthlink  Fax If using Healthlink please state your EDI:.....

*If a patient only states practice rather than specific GP, which GP would you like reports sent to?.....*

Would you like to divert your telephones to Doctor Home Visits when you are closed or do you have a recorded message to notify patients?

Phone Diversion  Recorded Message

**\*\* phone diversion is a free service offered by Doctor Home Visits. Contact us so we can explain the simple procedure to you.**

If using phone diversion what is your preferred online booking system for patients?

Health Engine  HotDoc  docappoints  appointuit  Other:.....

**Instructions**

**Special Instructions (Please state and Practice specific instructions)**

**Billing**

Payments can be made to:  
WA Deputising Medical Service  
Bank West Perth  
BSB: 306 089  
A/C: 544 670 8

**Please include invoice number and/or name as reference**

**Authorisation**

***Please sign and date to verify that the above information is correct and that you agree to the Doctor Home Visits (WADMS) Terms & Conditions.***

This form was completed by: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use Only**

Received		Entered		Account/Bill		Certificate Request	
By:	Date:	By:	Date:	By:	Date:	Yes/No	Date Sent: