

Practice Information Form



Practice Name:.....

Practice Address:..... Postcode:.....

Surgery Phone:..... Surgery Fax:..... Main Surgery Email:.....

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

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

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

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

To ensure that your patients receive the optimum after-hours 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). The Home or Mobile number provided is kept strictly confidential and never given out.

DETAILS OF DOCTORS (please print clearly)

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 REGISTRARS (please print clearly)

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

Are you currently using PHONE DIVERSION or RECORDED MESSAGE to notify patients of your after-hours arrangements?

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.**

What is your preferred online booking system for patients?

Health Engine HotDoc DocBook Appointuit Other

SPECIAL INSTRUCTIONS

(Please state any practice specific instructions)

ADDITIONAL EMAILS please list any other email you would like information from us sent to

Name: _____ Position: _____ Email: _____

BILLING

Payments can be made to:

WA DEPUTISING MEDICAL SERVICE
Bank West Perth
BSB: 306 089
A/C: 544 670 8

As reference, please include invoice number and/or name when making any payment.

Invoice to be sent to: (Name): _____ Email: _____

AUTHORISATION

Please complete to verify that the above information is correct.

Form completed by: (Name): _____ Position: _____

Signed: _____ Date: _____

Office Use Only

Received		Account/Bill		Entered in System		Practice Service Agreement Sent	
By:	Date:	By:	Date:	By:	Date:	By:	Date: