

Organisation Trading Name:

Organisation Legal Name:

Physical Address

Address Line 1:

Address Line 2:

Suburb:

Post Code:

Postal Address

Address Line 1:

Address Line 2:

Suburb: Email:

Post Code: Web Address:

Preferred Communication Method:

Email: Yes, No

Fax: Yes, No

Primary Contact:

General Practice (providing whole Patient care)

Does this Practice provide a dedicated:

Skin Clinic/Service (Yes/No)

Women's Health Clinic/Service (Yes/No)

Mental Health Clinic/Service (Yes/No)

GP Special Interest Practice

GP at Practice providing particular service/s Only
(eg. Skin Checks/Clinics; Cosmetics; Pain Management; etc)

Please insert into the box the structure that best describes your practice

Multiple Practice Structure?
Local Corporate GP Owned, Local Corporate Collaborative, Local Corporate non-GP Owned, National Corporate

Single Practice Structure?
GP/s Owned, Collaborative Owned, Non GP Owned

Do you provide General Practice services outside of normal business hours? Please indicate Yes/No in the space provided below:

Up to 10.00pm (Monday-Friday) Between 11.00pm and 8.00am (Monday-Friday)

After 12.00 noon Saturdays Sundays Public Holidays

Is a Home Visit Service Available? (Yes, No)

Is the Practice Registered for PIP QI? PIP QI ID:

Is the Practice Accredited?
Yes, No, In Process, Lapsed, Not Interested, Unknown

When is the next Renewal Date? dd/mm/yy Accreditation Agency:
AGPAL, GPA

Is the Practice registered for EPIP? for Indigenous PIP? for MyHR?
Yes, No Yes, No Yes, No, In Process

Which billing system best describes this Practice?
Bulk Bill, Mixed Billing, Private Billing, Unknown

What Billing Software does this Practice use?
Best Practice, Genie, GP Complete, Medtech32, Monet, Practix, Pracsoft, Zedmed, Other

What Clinical Software does this Practice use?
Best Practice, Genie, GP Complete, Medical Director, Medical Director Helix, Medtech32, Monet, Practix, Zedmed, Other

Please provide information on the version of Clinical Software
e.g. Indigo 1.9.1; MD 3.18; Version 30

Our commitment to you

We take privacy and security extremely seriously. How we store, share, secure and dispose of your data can be viewed at www.healthyc.com.au/informationmanagement

Person Authorised to release Information Name: Signature: Date:



GOLD COAST PRIMARY HEALTH NETWORK/GENERAL PRACTICE GOLD COAST Data Collection Form

Please return to your Practice Support Officer via Email or Fax to: 07 5635 2466



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The People who work in the Organisation (Please supply Health Professionals' Name as Registered with AHPRA)

Please add or amend as necessary, and strike through any lines no longer relevant

Title	First Names	Surname	Preferred Name	Occupation Position in Practice	Provider Number	No of Hours (per week)	Fluent in Other Language	Individual Email Receive Information @ this Address	QA/CPD Number	GP Special Interest

Person Authorised to release Information

Name:

Signature:

Date: