



Service Directory Registration Form Chronic Disease Prevention Services

Fields in **blue** must be completed. All other fields will assist in increasing your service profile.

Email debbieb@gpgc.com.au for electronic copies. Complete multiple copies for more than 1 location leaving common areas blank.

1. Mandatory Service Details

Organisation Name:			
Street Address:			
Suburb:		State	Postcode
Hours of operation:			
Phone Number:			

2. Additional Information (this will assist in increasing your service profile)

Website address:			
Service description: Please use reverse side if you need more space			
Phone Contact:	Business phone		Fax number
	Mobile phone:		Is this number for public access? Yes No
	After hours phone		Is this number for public access?: Yes No
	National call number	Freecall / Local call (please circle)	

3. Contact Person for this directory (not for publication)

Primary Contact	Family Name:		First Name:	
	Position/role:		Email address:	

4. Access, Eligibility and Costs

Who's the Service for?			
Tick most appropriate	Appointment required?		Waiting list?
	Referral required?		
Eligibility criteria	Tick	Referral Options: Who can refer?	Tick
Not applicable		Not applicable	
Age		GP	
Must hold a health care card		Other health professional	
Call to discuss prior to making an appointment		Self/ family/friends	
Assessment required prior to using the service		Call to discuss prior to making an appointment	
Other?			
Does the service have secure electronic messaging available?	Yes	No	Name of encryption software?
Costs of services	Tick		Tick
Not applicable		No charges	
Charges may apply		Fees apply to all services	
Medicare rebates apply		Private health insurance rebates apply	

5. Facilities

	Tick the appropriate boxes	Tick		Tick
	Wheelchair access		Lift	
	Toilet for disabled		Easy parking	
	Changing facilities		Child-minding	
	Hearing impaired aids		Vision impaired aids	
	Public transport access		Bus	Train

The following information will be used to allow general practices and the public using this directory to easily locate the service they require. Please indicate "keywords" that describe the service you provide. Searches using these words would bring up your service. More than one can be selected

Support service	<input type="checkbox"/>	Community service	<input type="checkbox"/>	Health service	<input type="checkbox"/>
Key words					

Please carefully check all the information as this information will be entered onto the General Practice Gold Coast (GPGC) website for practices to view. It may also appear on the Connecting Healthcare In Communities (CHIC) website in the future. Appearance on these websites will NOT constitute a recommendation of your service/organisation on the part of GPGC.

Signed: **Date:**

Name: **Organisation:**

Mail to: Attn Debbie Buckley GPGC 3/5 Executive Drive Burleigh Waters QLD 4220

Email: debbieb@gpgc.com.au

Fax to: 07 55077700

Should you require further information please call Debbie Buckley 0412 173 033 or email debbieb@gpgc.com.au