

Shop 2, Murray Street

GAWLER, SA 5118

Phone: (08) 8522 3877 Fax: (08) 8522 3955

Email: [admin@gpaccessaferhours.com.au](mailto:admin@gpaccessaferhours.com.au) ABN: 81 138 519 098

**PRACTICE AGREEMENT**

**ID (Office Use Only)**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| Practice Name: |  |  |  |
| Practice Address: |  |  |  |
|  |  | Postcode: |  |
| Practice Telephone Numbers: |  |  |  |
|  |  | Fax: |  |
| Practice Email Address: |  |  |  |
| Practice Manager: |  | Phone: |  |
| ABN NO: |  |  |  |

PRACTITIONER DETAILS Please add extra doctors on a separate sheet Sessions per week

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1) | | | | | | |  |  |
| Mobile: |  | | | Home: | |  |  |  |
| 2) | | | | | | |  |  |
| Mobile: |  | | | Home: | |  |  |  |
| 3) | |  |  | |  | |  |  |
| Mobile: |  | | | Home: | |  |  |  |
| 4) | | | | | | |  |  |
| Mobile: |  | | | Home: | |  |  |  |
| 5) | | | | | | |  |  |
| Mobile: |  | | | Home: | |  |  |  |
| 6) | | | | | | |  |  |
| Mobile: |  | | | Home: | |  |  |  |

**In emergency situations which doctor/s is contactable? .........................................................**

**YOUR PRACTICE HOURS:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Open** | **Break** | **Close** |
| **MON** |  |  |  |
| **TUE** |  |  |  |
| **WED** |  |  |  |
| **THU** |  |  |  |
| **FRI** |  |  |  |
| **SAT** |  |  |  |
| **SUN** |  |  |  |

* Does your practice do morning calls subsequent to our service finishing and prior to your practice opening weekdays? **Yes No** (please circle)

If yes, what hours? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Is your practice open Public Holidays? **Yes No** (please circle)

If yes, what hours? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- |
| **COMMENTS:** |
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|  |

**SPECIFIC MANAGEMENT INSTRUCTIONS**

|  |  |  |  |
| --- | --- | --- | --- |
| Patient Name | DOB | Address | Management Instruction |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Attach sheet with additional instruction if required



Shop 2, Cheeky Shopping Centre

49-51 Cheek Avenue, Gawler East, SA 5118

Phone: (08) 8522 3877 Fax: (08) 8522 3955

Email: [admin@gawlergpaccess.com.au](mailto:admin@gawlergpaccess.com.au) ABN: 81 138 519 098

Management system

|  |  |
| --- | --- |
| Classification | Instructions |
| Classification A |  |
| Classification B |  |
| Classification C |  |
| Classification D |  |
| Classification E |  |
| Classification F |  |
| Classification G |  |

**PLEASE NOTE:**

* + Subscriptions are charged quarterly in advance and due within 14 days of receipt of invoice.
  + Any changes to your details must be in writing and subsequent subscription changes will come into effect in the following quarter.
  + Cancellation of this Service must be in writing and will take effect the following quarter.
  + Practitioners private contact details are for Gawler GP Access Afterhours Deputising Service use only and are not disclosed to any third party.

**Signed:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Dated**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Print Name**