



Practice Information

Please complete this form and return it to Doctors' Choice as soon as possible by email at service@drschoice.com.au or fax on (08) 6323 4668 or post to Suite 19, 23 Mill Point Road, South Perth WA 6151. If you have any questions when completing this form, please contact us on 1800 DRS CHOICE (1800 377 246) or by email at service@drschoice.com.au.

Practice Details

Practice name	
Practice address <i>(if more than one location, please use Notes section to list all locations)</i>	
Contact name & title <i>(e.g. director, practice manager)</i>	
Email <i>(feel free to include more than one and, if so, mark the preferred email address with an asterisk)</i>	
Telephone	
Month and year practice was first established or will be established	

Healthcare Information

Specialties/areas of practice e.g. non-Procedural GP, Anaesthesia, Orthopaedic Surgery, Obstetrics <i>(please indicate all):</i>	
Do any of the practice's medical practitioners provide complementary and/or unconventional medicine and/or emerging treatments? <i>(If yes, please provide details in the Notes section on page 4.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Health professionals

By headcount

Please indicate the total number of health professionals working in the practice (regardless of sessions)	Principals/ Partners/ Directors	Employees	Contractors	Room rental only
Doctors				
Dentists				

By Medical Defence Organisation

Please estimate the number of contractors and employed health professionals by MDO	Avant	MDA National	MIGA	MIPS
Doctors & Dentists				

Clinical Staff

Please indicate the total number (by headcount) of clinical staff working in the practice	Employees	Contractors	Room rental only
Nurses			
Allied health practitioners			

Practice Staff

Please indicate the total number of other staff (by headcount) working in the practice	Number
Practice management	
Reception or administration	
Other	
Does the practice employ a full time practice manager?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Turnover

Estimated practice annual gross turnover:	
For this financial year?	\$
For last financial year?	\$
For next financial year?	\$

Estimated percentage of turnover derived from:	
Obstetric practice?	%
Cosmetic practice?	%
Fertility treatment?	%
Day surgery?	%

Practice Medical Indemnity Insurance

Does the practice have a current practice medical indemnity policy in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If yes:	
Name of current insurer	

Business Insurance

Does the practice have a current business insurance policy in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If yes:	
Name of current insurer	

Other Information

Claims	
In the last 10 years, has the practice had any claims or circumstances which could give rise to a claim?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Risk management	
Does the practice have documented risk management procedures?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Clinical trials	
Is the practice involved in any clinical trials or research projects?	<input type="checkbox"/> Yes <input type="checkbox"/> No

