

New Doctor Checklist



GP Particulars

Name of Doctor

D.O.B

Qualifications

Special interests

Address

Suburb Post code

Postcode

Ph (H) Ph (W)

Mobile

Email

Next of Kin

Name

Relationship

Phone

Mobile

Forms to be completed

Employment Particulars	Sent/ Faxed	Received	Date
Employment Agreement	<input type="checkbox"/>	<input type="checkbox"/>	
QA & CPD	<input type="checkbox"/>	<input type="checkbox"/>	
Details:			
Superannuation	<input type="checkbox"/>	<input type="checkbox"/>	
Details:			
Bank Account	<input type="checkbox"/>	<input type="checkbox"/>	
Details:			
Tax File Number Declaration	<input type="checkbox"/>	<input type="checkbox"/>	
Details:			
Registration	<input type="checkbox"/>	<input type="checkbox"/>	
Details:			
Medical Indemnity	<input type="checkbox"/>	<input type="checkbox"/>	
Details:			

Medicare Australia	Sent/ Faxed	Received	Date
Veterans' Affairs – LMO	<input type="checkbox"/>	<input type="checkbox"/>	
Veterans' Affairs – Provider Registration	<input type="checkbox"/>	<input type="checkbox"/>	
Medicare – Application for Provider Number	<input type="checkbox"/>	<input type="checkbox"/>	
Details:			
Medicare – Application for Additional Provider. No.	<input type="checkbox"/>	<input type="checkbox"/>	
Prescriber Number	<input type="checkbox"/>	<input type="checkbox"/>	
Details:			
Application for Recognition as a GP	<input type="checkbox"/>	<input type="checkbox"/>	
Vocational Registration Eligibility	<input type="checkbox"/>	<input type="checkbox"/>	
ACIR – Register as an Immunisation Provider	<input type="checkbox"/>	<input type="checkbox"/>	
ACIR – 46E Agreement	<input type="checkbox"/>	<input type="checkbox"/>	
ACIR – Submit data electronically	<input type="checkbox"/>	<input type="checkbox"/>	
GPII – 20A Practice Report	<input type="checkbox"/>	<input type="checkbox"/>	
PBS – Approval to prescribe medications	<input type="checkbox"/>	<input type="checkbox"/>	

Medicare Australia	Sent/ Faxed	Received	Date
PBS – Prescription Shopping Info Service	<input type="checkbox"/>	<input type="checkbox"/>	
90 Day Cheque Agreement	<input type="checkbox"/>	<input type="checkbox"/>	
Payment via EFT for claims	<input type="checkbox"/>	<input type="checkbox"/>	
Request for Pay Group Link	<input type="checkbox"/>	<input type="checkbox"/>	
PIP – Part G Form	<input type="checkbox"/>	<input type="checkbox"/>	
HeSA – Healthcare Location Agreement	<input type="checkbox"/>	<input type="checkbox"/>	
HeSA – Healthcare Individual Agreement	<input type="checkbox"/>	<input type="checkbox"/>	

Links to these forms available at http://www.gppartners.com.au/page/gp_support/new_doctors/

Tasks to complete prior to commencement

Pathology / Xray	Completed	Date
QML	<input type="checkbox"/>	
Sullivan Nicolaides	<input type="checkbox"/>	
XRay	<input type="checkbox"/>	
Hospital	<input type="checkbox"/>	
Practice Administration	Completed	Date
Advertising	<input type="checkbox"/>	
Business cards	<input type="checkbox"/>	
GP stamp	<input type="checkbox"/>	
Notify After Hours Service	<input type="checkbox"/>	
Notify GPpartners of new GP	<input type="checkbox"/>	
GPpartners financial member pack	<input type="checkbox"/>	
Computer setup	Completed	Date
Notify software company	<input type="checkbox"/>	
Add to management software	<input type="checkbox"/>	
Add to clinical software	<input type="checkbox"/>	
Add to appointment software	<input type="checkbox"/>	
Welcome	Completed	Date
Flowers or welcome gift	<input type="checkbox"/>	
Morning tea	<input type="checkbox"/>	

Orientation

Practice operations	Completed	Date
Practice communication (incl. meetings)	<input type="checkbox"/>	
Doctors bag	<input type="checkbox"/>	
Process of admission to RACF	<input type="checkbox"/>	
Arrangements for pay	<input type="checkbox"/>	
Pharmaceutical Rep appointments	<input type="checkbox"/>	
Procedures for treatment room	<input type="checkbox"/>	
Stationery	<input type="checkbox"/>	
Phone protocol	<input type="checkbox"/>	
Billing procedures	<input type="checkbox"/>	
Referrals	<input type="checkbox"/>	
SW and Ultrasound	<input type="checkbox"/>	
Audiometry	<input type="checkbox"/>	
Spirometry/ RFT's	<input type="checkbox"/>	
ECG's	<input type="checkbox"/>	
Immunisations	<input type="checkbox"/>	
Ear syringes	<input type="checkbox"/>	
Cryotherapy	<input type="checkbox"/>	
Pathology	<input type="checkbox"/>	
Glove size	<input type="checkbox"/>	
Location of medical equipment	<input type="checkbox"/>	
Restocking rooms/ sheets	<input type="checkbox"/>	

Our thanks to Brisbane South Division who have developed this resource and kindly provided permission to reproduce for GPpartners members.

www.bsdgp.com.au