

Please fax this form to 5456 8899 following the visit

Name of Practice Consultant:

Name of Practice:

Date of Visit:.....

Your name:.....

Your role in the practice:.....

Names of Practice Staff in attendance (please include surname):

1. 2.....

3 4

What did you find useful about this session?

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What changes will you implement as an outcome of this visit?

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.....

Can the Division assist you with any further practice consultant visits and/or other services:

PIPs & SIPs

Nurse-led clinics

MBS Item Numbers

EPC / CDM

Recalls & Reminder

GPMP / TCA

MD Templates

CAT

Other:

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Resources:

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