

Medical Practice Questionnaire

Practice Details					
Practice Name					
Address					
Contact Name		Phone		Fax	
Email address					
Local IT Support Name		Phone		Fax	
Email address		Mobile			
Doctor's Details					
Doctor's Name(s) (Used preferred name format for results)	Provider Number(s) (include leading zeros)	Report format (Choose only one)			
		PIT	HL7		
Computing Environment Information (Please tick the appropriate box)					
Clinical Software		Operating System		Remote Support Software	
Medical Director		Windows 98		Do you use remote support software?	YES NO
MSS - Classic		Windows NT		If "YES" please specify software used?	
MSS - Plexus		Windows 2000		Would you like remote software (VNC) installed?	YES NO
MedTech32		Windows XP		Hardware Available	
Genie		Other		Is a CD ROM drive available	YES NO
Surgiware		Internet Connection		Is a USB port available	YES NO
Best Practice		Dial Up		Retrospective Electronic Reports	
Locum		Broad Band		Would you like retrospective reports electronically	YES NO
Other ↓		DoH WAN		NB: If 'NO' is selected, reports will commence being processed from the date of system setup	
Please Specify				If "YES" from what date?	From:
This Form was completed by: Signed: Date:					

Please return this Questionnaire to PathWest IT Department, **Fax No: (08) 9381 1704**

For further information please contact PathWest Helpdesk on (08) 9346-2785 or email helpdesk@pathwest.com.au

OFFICE USE ONLY.	Helpdesk Task Number:	
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