

GP Form

Drs Name Other (please state)

1) Which practice computer systems are you familiar with?

2)

SystemOne

Vision

Synergy

Emis

Other (please state)

2) Are you able to work in a paperless Practice?

Yes

No

3) Do you need assistance to enter written records onto the ITC?

Yes

No

4) Can you prescribe electronically?

Yes

No

5) Can you use electronic 'Choose and Book'?

Yes

No

6) Are you fluent in any other languages except English?

Bengali

Farsi

Gujarati

Hindi

Pashto

Punjabi

Somali

Urdu

Other (please state)

7) Are you able to use a Loud Speaker System?

Yes

No

8) Do you have expertise in any of the following disciplines?

Antenatal care

Asthma

Children's clinic

COPD

Coronary Heart Disease

Diabetic clinic

Influenza clinic

Gynaecology

Well man clinic

Well woman clinic

Other (please state)