

GP Form

Drs Name Other (please state)

1) Which practice computer systems are you familiar with?

2)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SystemOne	Vision	Synergy	Emis	Adastra

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?

<input type="checkbox"/> Bengali	<input type="checkbox"/> Farsi
<input type="checkbox"/> Gujarati	<input type="checkbox"/> Hindi
<input type="checkbox"/> Pashto	<input type="checkbox"/> Punjabi
<input type="checkbox"/> Somali	<input type="checkbox"/> Urdu

Other (please state)

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

<input type="checkbox"/> Antenatal care	<input type="checkbox"/> Asthma
<input type="checkbox"/> Children's clinic	<input type="checkbox"/> COPD
<input type="checkbox"/> Coronary Heart Disease	<input type="checkbox"/> Diabetic clinic
<input type="checkbox"/> Influenza clinic	<input type="checkbox"/> Gynaecology
<input type="checkbox"/> Well man clinic	<input type="checkbox"/> Well woman clinic

Other (please state)