



ASPREN Registration Form

Practice Name: _____

Practice Address: _____

_____ State _____ Postcode _____

Mailing Address: _____

If different from above

_____ State _____ Postcode _____

Phone Number: () _____ Fax Number () _____

Practice Email: _____

Practice Manager: _____

Primary Health Network: _____

Practice Software: Best Practice Medical Director ZedMed Other, please specify _____

Reporting Method: Paper Web Data Extraction Tool, for more information please contact the team at aspren@adelaide.edu.au

What category would you place the practice in:

City/Metro Rural Remote Other, please specify _____

Are there any special clinics offered at the practice:

No Yes, please specify _____

What are the average number of consultations at the practice per week: _____

Do you see the following age groups in General Practice:

< 5 years 5 - 14 years 15 - 24 years 25 - 44 years 45 - 64 years > 65 years All age groups

Is there predominantly one age group that is seen at the practice:

No Yes, please specify _____

How did you hear about ASPREN?

Information received in mail Presenting or exhibiting at a conference Word of mouth

Other, Please specify _____

Do you give ASPREN permission to acknowledge your practice, and the associated GPs, on our public website www.aspren.com.au and our reporting MIS website at www.dmac.adelaide.edu.au/aspren:

No Yes

Please complete the GP details section for all GPs participating in ASPREN on page 2

Admin Use Only		Platinum Only	
Training Date: ___/___/___	<input type="checkbox"/> MIS User	<input type="checkbox"/> Organisation	<input type="checkbox"/> UserOrgMon
RRMA: _____	<input type="checkbox"/> Sole Reporter: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Map	<input type="checkbox"/> Contacts
Div ID: _____	<input type="checkbox"/> PM Bonus: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sent	<input type="checkbox"/> Welcome Pack	<input type="checkbox"/> Swab Tester <input type="checkbox"/> Kits Sent
			<input type="checkbox"/> Forms & Labels

GP Details: Please provide details for all GPs at the practice that will be participating in ASPREN

First Name	Last Name	RACGP QI&CPD or ACRRM Number	Email Address	Reporting Level	Average number of patients seen each week	Would you like to receive reports from national and jurisdictional public health communicable disease surveillance systems?	Admin Use Only MIS User
				<input type="checkbox"/> Silver <input type="checkbox"/> Gold <input type="checkbox"/> Platinum		<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Silver <input type="checkbox"/> Gold <input type="checkbox"/> Platinum		<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Silver <input type="checkbox"/> Gold <input type="checkbox"/> Platinum		<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Silver <input type="checkbox"/> Gold <input type="checkbox"/> Platinum		<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Silver <input type="checkbox"/> Gold <input type="checkbox"/> Platinum		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Additional Information

Reporting Levels:

Silver - reporting Influenza Like Illness (ILI) only

Gold - reporting ILI, Gastro, Chicken Pox and Shingles

Platinum - reporting ILI, Gastro, Chicken Pox, Shingles and Swab Testing 20% of ILI patients

CPD Points Allocation:

It is important that the GPs RACGP or ACRRM numbers are provided to ensure their points are allocated

Email Address:

It is a requirement for CPD point accrual that we have an email address for participating GPs. This also ensures that the GP is kept informed of flu and reporting issues and also any updates regarding ASPREN.

ASPREN Training

Upon receiving the completed form an ASPREN team member will be in contact with the practice manager to arrange a day and time for the participating GPs and/or practice managers to receive ASPREN training.