



HealthPathways
Mid & North Coast of NSW

General Practitioner to General Practitioner Colleague Referral Providers

Mid and North Coast HealthPathways will soon list general practitioners who are qualified to provide services to other GPs' patients without obligation to continue care. The service is provided and the patient is returned to the referring GP for follow-up. If you are interested in being listed, please complete the **Listing Request Form** (see over).

Although GPs are by definition generalists, many through training or experience have developed expertise in specific areas of medicine. These include practical procedures (e.g. vasectomy) or therapeutic interventions (e.g. iron infusions). GPs in larger practices may be able to refer patients to practice colleagues. However GPs in smaller or solo practices may have difficulty in finding GPs in their region with the interest and ability to assist with patient care. GPs in smaller practices may also not have nursing support within the practice to supervise therapeutic interventions. In providing this information we hope to encourage better networking and skill sharing between general practices and provide better access for patients.



Visit Mid and North Coast HealthPathways Website by following this link:

manc.healthpathways.org.au

Username: **manchealth** - Password: **conn3ct3d**



LISTING REQUEST FORM

Use this form to apply to have your details listed on the **'GP to GP referrals'** page on Mid and North Coast HealthPathways. In signing this form you are confirming that the information provided is true and accurate, and that you have the qualifications, experience, knowledge, skills, registration and appropriate insurance coverage to provide the care required. You understand that you must notify Mid and North Coast HealthPathways of any changes to any details. Failure to do will result in deletion of the listing.

Please return the signed form to the Mid and North Coast HealthPathways team by email to healthpathways@ncphn.org.au You will receive an email confirmation of receipt.

GP name:

GP signature:

Practice name:

Date:

Procedure(s) which you are qualified to perform on referral from GP colleagues

<input type="checkbox"/> Accredited Opioid Pharmacotherapy Prescribing	<input type="checkbox"/> Medicals – Aviation
<input type="checkbox"/> Circumcision (Male)	<input type="checkbox"/> Medicals – Dive
<input type="checkbox"/> Contraception – IUD insertion	<input type="checkbox"/> Ring Pessary
<input type="checkbox"/> Contraception – Vasectomy	<input type="checkbox"/> Specialised Prescribing – Hepatitis B
<input type="checkbox"/> Ingrown Toenail	<input type="checkbox"/> Specialised Prescribing – Hepatitis C
<input type="checkbox"/> IV Iron Infusion	<input type="checkbox"/> Specialised Prescribing – HIV
<input type="checkbox"/> Medical Termination	<input type="checkbox"/> Tongue-Tie (Ankylosis)
	<input type="checkbox"/> Yellow Fever Vaccination