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
☐ Coronary Heart Disease
☐ Diabetic clinic Influenza clinic
☐ COPD
☐ Gynaecology
☐ Well man clinic
☐ Well woman clinic

Other (please state) .........................................................................................................................