Doctors' Health Advisory Service Western Australia Doctors for Doctors list

Expression of Interest Form

Name:
Practice Address:
Practice contact number:
Qualifications:
Year medical degree attained:
Languages spoken:
Special interest areas:
Billing policy for doctors and medical students: ☐ Bulk bill all ☐ Private bill all ☐ Discount private ☐ Bulk bill medical students ☐ Other (please provide details):
Personal email (for office use only):

I would be willing and able to use a code word system ("DHASWA Referral") in my practice to identify and expedite doctor-patient referrals and appointments made via the DHASWA Doctors for Doctors list (optional).

Yes ☐ **No** ☐

I hereby give consent for the details provided in the form above to be included in the Doctors' Health Advisory Service Western Australia (DHASWA) Doctors for Doctors list, and used in accordance with the purposes of the list, including being made available to DHASWA staff, who may refer callers to the DHASWA call line to you, and being made publically available on the DHASWA website.

Signature:
Date:

Please return completed form to:
Attention : Manager, DHASWA
Fax: 9273 3073
Email: manager@dhaswa.com.au