

# Invitation to register for GP to GP referrals: LISTING REQUEST FORM

FOR BRISBANE NORTH CLINICIANS ONLY

Use this form to request your details are added to the GP to GP referrals page on Brisbane North HealthPathways. Once listed, GP colleagues can refer patients to you for the specified procedures and services.

Please complete the form and return to Brisbane North HealthPathways team by fax 07 3630 7841 or email to [healthpathways@brisbanenorthphn.org.au](mailto:healthpathways@brisbanenorthphn.org.au). You will receive an email confirmation.

## GP details

GP name		Practice phone number	
Practice name		Practice fax number	
Practice address		Email address (for confirmation only)	

## Procedures performed on referral from GP colleagues

Procedure	Briefly describe relevant experience and additional training
<input type="checkbox"/> Ferrinject® iron infusion therapy	
<input type="checkbox"/> Mirena® insertion/removal	
<input type="checkbox"/> Implanon® insertion/removal	
<input type="checkbox"/> Vasectomy	
<input type="checkbox"/> Wedge resection/phenolisation for in-grown toenail	
<input type="checkbox"/> Ear toilet/microsuction (not syringing)	
<input type="checkbox"/> Medical Termination of Pregnancy - certified MS-2 Step® prescriber	
<input type="checkbox"/> Simple undisplaced fractures	