

Document on the Success and Challenges of any aspects relating to the RPHS Program. Report relevant feedback and information regarding waiting list (of more than 4 weeks), unmet needs and how will the challenges identified be addressed?

Describe the actions you are taking to increase access to services for indigenous clients in your community?

Health Promotion: Provide evidence of shared planning and RPHS Promotions with other Organisations/General Practice:

(Include information regarding client satisfaction feedback/survey. Document the management (policy and procedure) of your No Show or Do Not Attend clients- and your plans to limit this in the future?)

Sign:	
Name :	
Date	

Note: Please send this completed form to Christine Borg by Mail: PO BOX 620 Gisborne 3437, Fax: 03) 5428 4842 or Email: christine.borg@chgpn.com.au
Due Date: 2 weeks from the end to the quarter with a generated invoice for payment to be released.