## Country Health SA RERN CLINICAL RECORD FORM

Part 1: General Practitioner Information					
Title:	Given Name:		Surname:		
Primary Professional Address:					
			Postcode:		
Phone Number:		Mobile Number:			
Email Address:					
Part 2: Patient Details (where possible)					
Title:	Given Name:		Surname:		
Date of Birth: /	/	Male	Female		
Part 3: Clinical Details					

Please provide a brief history of the event including the medical interventions provided by you:

**General Practitioner Signature:** 



## Part 4: RERN Remuneration\*

Date of RERN Call-Out: / /		SAAS Job Number: (if known)			
Time you left to attend RERN Call-Out:	•	hrs			
Time you returned from RERN Call-Out:	•	hrs			
List of procedures performed:					

**General Practitioner Signature:** 

Date: / /

\* This Clinical Record Form must be sent to Country Health SA within 14 days of the RERN call-out. Country Health SA will then generate a recipient created tax invoice in order for you to be remunerated.

## Please forward your completed RERN Clinical Record Form to:

Senior Project Officer Country Health SA PO Box 287 Rundle Mall ADELAIDE SA 5000

Telephone:(08) 8226 7054Fax:(08) 8226 4010Email:chsa.credentialling@health.sa.gov.au