

**TELEHEALTH SITE INFORMATION SHEET**

1. **Company:**
2. **Site Name (if applicable) & Address:**

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| **Medic:** | **Contact Number on Site:** |
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1. **Medics & their contact number on site:**
2. **Special activities on site? What type of mining?:**   
   (Eg working with cyanide for gold processing)

**Surface or Underground or N/A (please circle)**

1. **Closest Medical Centre (GP):**
2. **Closest Hospital/ Medical Centre:**
3. **Mode of transfer used to transfer to hospital**:   
   (Eg road/rail/ambulance/air)
4. **Frequency of commercial aircraft in & out of site:**
5. **Do you have a physio on site? Or a physio that visits site?**
6. **Preferred local Pharmacy:**   
   (this information is helpful if our doctors need to send prescriptions to your preferred pharmacy, for their telehealth patients)  
   **Name:  
   Phone:  
   Fax:  
   Email:**
7. **What light duty options are available on your site/company?**
8. **Further information:**   
   (unique referral patterns/problems/preferred specialists or physios etc)