

EXPRESSION OF INTEREST

Thank you for your interest in Link-me! So that we can identify whether this trial is a good fit for your practice, please complete the form below and send to Liezl Oliver Link-me Coordinator from North Western Melbourne PHN at: Liezl.Oliver@nwmphn.org.au

Contact details

Practice name:

Name of contact person:

Role:

Phone:

Mobile:

Email:

About your practice

Average number of patients aged 18-75 seen per day in the past month:

Number of GPs:

Headcount:

FTE:

Are you interested in testing out new ways of delivering mental health care?

No

Yes

Is there a room available for the Care Navigator to meet with patients?

(This doesn't have to be the same room each day)

No

Yes

Do you agree to your reception staff asking patients to complete a short questionnaire on an iPad or similar tablet?

(Tablets will be provided by the PHN)

No

Yes

If you have answered no to any of the above, thank you for your interest but this trial is probably not for you.