

ReferralNet Agent Site Pre-Implementation Checklist

1. Customer Organisation Name:

For example, one of the GP Divisions

2. Site name:

Name of the individual practice

3. Organisation type:

- | | |
|--|---|
| <input type="checkbox"/> GP | <input type="checkbox"/> Pathology |
| <input type="checkbox"/> Specialist | <input type="checkbox"/> Diagnostic Imaging |
| <input type="checkbox"/> Allied Health | <input type="checkbox"/> GP Division |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Pharmacy |
| <input type="checkbox"/> Day Surgery | <input type="checkbox"/> Nursing Home |

4. Practice Contact details:

<i>Site Contact</i>	
Address	
E-mail	
Telephone	
Fax	

<i>IT Contact</i>	
Address	
E-mail	
Telephone	
Fax	

5. Contact with the IT support provider is required?

tick if applicable

6. Practice management / clinical software used by the practice?

- | | |
|---|--|
| <input type="checkbox"/> Best Praticce | <input type="checkbox"/> MediFlex |
| <input type="checkbox"/> Front Desk | <input type="checkbox"/> Medilink |
| <input type="checkbox"/> Genie | <input type="checkbox"/> MHAGIC |
| <input type="checkbox"/> Houston VIP | <input type="checkbox"/> Microsoft Word |
| <input type="checkbox"/> Locum | <input type="checkbox"/> Microsoft Excel |
| <input type="checkbox"/> MasterCare eDRS | <input type="checkbox"/> Zedmed |
| <input type="checkbox"/> MasterCare EMR | <input type="checkbox"/> Other |
| <input type="checkbox"/> Medical Director | |

If not in the drop-down list or if there are multiple applications, then list these here:

7. Practice management / clinical software version?

8. Server Operating System

Windows 2008 Server
 32 bit 64 bit tick whichever is applicable

Windows 2003 Server
 32 bit 64 bit tick whichever is applicable

9. Desktop Operating System

Windows 7
 Windows Vista
 Windows XP
 Mac OSX 10.5
 Mac OSX 10.4

10. Internet Connection

Broadband
 Dial-Up
 Other

11. Install Mode?

GLH Installer
 GLH Certified 3rd party Installer
 Customer installer

12. Messaging Options?

Sending: tick if applicable
Receiving: tick if applicable

13. Messaging Mode?

Interactive
 Non-interactive

14. ReferralNet Agent and /or Word Plug In?

Agent: tick if applicable
Word Plug-In: tick if applicable

15. Medicare PKI certificate

Site has a location certificate? tick if applicable
OR

Site has an individual certificate? tick if applicable

Certificate e-mail address is known? tick if applicable

16. Site Details

- a. How many doctors practise from those rooms?
- b. What are their full names and provider numbers?
- c. Will we be installing ReferralNet on all machines including the server? tick if applicable
- d. Have we registered / created a RNM ReferralNet account for them prior to remote installation / onsite installation?
- e. Has the installer read the installation guide before starting the installation?
- f. Are there any issues with the site or personnel?
- g. Are there any other comments?