Expression of Interest Form | **Primary Care Respiratory Clinics**

Adelaide PHN invites general practices across the Adelaide metropolitan region to compete this form to express their interest in establishing and identifying their practice as a dedicated *Primary Care Respiratory Clinic* in line with the National response to COVID-19.

**Please complete and return to** [**covid19@adelaidephn.com.au**](mailto:covid19@adelaidephn.com.au) **by COB Friday 20th March 2020**

|  |  |
| --- | --- |
| Practice Name |  |
| Practice Address |  |
| Lead contact name |  |
| Lead contact phone |  |
| Lead contact email |  |

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| --- | --- | --- |
| 1. | This practice is willing to be identified and promoted as a dedicated Primary Care Respiratory Clinic | Yes / No |
| 2. | This practice meets ALL the preferred site specifications | Yes / No |
| 3. | This practice meets MOST of the preferred site specifications | Yes / No |
|  | *If no, please describe below which specifications your practice cannot meet* | |
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