

# Victorian Ambulatory Classification System

## Notification of Clinic Changes



This form is to be used to notify any changes to the existing clinic schedule as evaluated by the Clinical Panel and approved by the Department of Human Services for reporting under the Victorian Ambulatory Classification System (VACS).

<b>Hospital Name:</b>	
Commencement of a new clinic	
New Clinic Name:	
Hospital Clinic Identifier:	
Date Commenced:	
Monthly Encounters (est):	
Provider (medical, nursing, allied health):	
Proportion Public Patient Encounters (i.e. 50% public/50% Private):	
VACS Category:	
Description of activities performed in <b>new</b> clinic (i.e. types of patients seen, treatment provided, if patients seen by a doctor at each encounter etc):	
Cessation of an existing clinic	
Clinic Name and VACS Category:	
Hospital Clinic Identifier:	
Date Ceased:	
Change of Clinic Name:	
Previous Clinic Name, Identifier & VACS Category:	
New Clinic Name & Identifier:	
Notified By:	
Name:	Signature:
Hospital VACS Contact (designated contact for DHS)	
Name:	Ph:
Position:	Date:
<p><b>Please forward a copy of this form to:</b>  Teresa Barton  Funding Policy Unit  Metropolitan Health and Aged Care Services Division  17th Floor, 555 Collins Street  Melbourne VIC 3000  Fax: (03) 9616-7764 / Email: <a href="mailto:Teresa.Barton@dhs.vic.gov.au">Teresa.Barton@dhs.vic.gov.au</a> or  <a href="mailto:Liz.OHalloran@dhs.vic.gov.au">Liz.OHalloran@dhs.vic.gov.au</a></p>	