

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).

Hospital Name:	
Commencement of a new clinic	
New Clinic Name:	
Hospital Clinic Code:	
Date Commenced:	
Previous Clinic Name (if appropriate):	
Monthly Encounters (est):	
Provider (medical, nursing, allied health):	
Proportion Public Encounters:	
VACS Category:	
Brief Description:	
Cessation of an existing clinic	
Clinic Name:	
Hospital Clinic Code:	
Date Ceased:	
Notified by:	
Name:	
Position:	Date:
Please forward a copy of this form to: Manager, Purchasing Policy Unit Acute Health Division 17th Floor 555 Collins Street Melbourne Vic 3000 Fax: (03) 9616 7764	