

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 Identifier [for example: (HEARTF) for a heart failure clinic]:	
Date Commenced:	
Monthly Encounters (est):	
Provider [medical (1), nursing (2), allied health (3)]:	
Proportion Public Patient Encounters (for example: 50% public/50% Private):	
VACS Category:	
Description of activities performed in new clinic (i.e. types of patients seen, treatment provided, if patient is 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, or Hospital Clinic Identifier:	
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:
<u>Please forward a copy of this form to:</u> Nermin Songur or Teresa Barton Funding Models Metropolitan Health and Aged Care Services Division 18th Floor, 50 Lonsdale Street Melbourne VIC 3000 Fax: (03) 9096-7764 / Email: Teresa.Barton@dhs.vic.gov.au or Nermin.Songur@dhs.vic.gov.au Web: http://www.health.vic.gov.au/vacs/	