



STS PDF Form



Please choose:

* = mandatory fields

Question 1 - Organisation Details

Organisation name*			
Organisation address*		Postcode*	
Health Services Offered <i>e.g. General Practice; Specialist; Aged Care; Community Health; as well a description of the Organisation Specialty e.g. Rheumatology; Neurology; Oncology etc</i>			
Phone*	eg 07xxxxxxx	Fax	eg 07xxxxxxx
Contact name*		Position*	
Website			
Contact email*			

Question 2 - EDS / Clinical Letters

Organisation Electronic Information	Preferred Delivery Method: <input type="text"/>	Medicare Site Certificate ID	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electronic Messaging Provider	<input type="text"/>	Please indicate Argus - Email Address, Healthlink - EDI Account or Other <input type="checkbox"/>									
Other relevant information	In the event we cannot send you an electronic message, which method of delivery would you prefer?		<input type="checkbox"/>	Post	<input type="checkbox"/>	Fax	If you have 2 Message Providers, in the event we cannot contact you using your preferred Messaging Provider, can we use another?				
Clinical software	<input type="text"/>	<input type="text"/>									
Other software	<input type="text"/>										

Health Practitioner Details: All faxing and posting details are on the bottom of this page if the SUBMIT button fails to work. There are more fields on the 3rd page to add more practitioners if needed.

Title	First name	Middle name	Last name	Provider number	Specialisation
<small>If your Title does not appear in the drop down box below, please type in your title</small>					<small>Please make sure that this section is completed correctly. You can type in as many Specialities as needed</small>
<input type="text"/>					
<input type="text"/>					
<input type="text"/>					
<input type="text"/>					
<input type="text"/>					
<input type="text"/>					
<input type="text"/>					

All Users

Once you have completed filling out this form please click on the **SUBMIT** button (in the above page) to send this electronically to Queensland Health. If you are having difficulties sending this via the SUBMIT button, please click on the **PRINT** button and fax or mail your form to the correct area below:

STS Information:

Email: sts_external-alerts@health.qld.gov.au
Fax: (07) 3872 0371

SUBMIT by Email

PRINT Form

