

<Letterhead>

<b>CHRONIC DISEASE MANAGEMENT GP MANAGEMENT PLAN &amp; TEAM CARE ARRANGEMENTS (MBS ITEM No. 721 &amp; 723)</b>
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**Patient's Name:** <PtName>

**Date of Birth:** <PtDoB>

**Phone: (H)** <PtPhoneH> **(W)** <PtPhoneWk>

**Contact Details:**

<PtAddress>

**Medicare or Private Health Insurance Details:**

<PtMCNo>

<PtHealthIns>

**Details of Patient's Usual GP:**

<DrName>

<DrAddress>

**Provider No:** <DrProviderNo>

**Details of Patient's Carer (if applicable):**

**Name:** <Name of of Patient's Carer (if applicable):>

**Relationship to Patient:** <Relationship of Carer to Patient>

**Phone:** <Contact Telephone or Mobile No of Carer >

**HISTORY LIST**

<PMHAI>

**ALLERGIES**

<Reactions>

**MEDICATIONS**

<CurrentRx>

**VACCINATIONS**

<Imm>

Patient's Name: <PtName>

<b>GP MANAGEMENT PLAN</b>			
<b>Patient problems / needs / relevant conditions</b>	<b>Today's Assessment Date:</b>	<b>Review Assessment Date:</b>	<b>Review Assessment Date:</b>
Knowledge and self management			
Nutrition			
Activity/Mobility	H: W: BMI:	BMI:	BMI:
Mental Health and Wellbeing			
Smoking			
Alcohol			
Medications	INR: Side Effects: HMR: Complimentary Therapies:		
Immunisations	Annual Influenza: Pneumococcal: Hep B:		
Cardiovascular Risk	BP: P: BGL: SpO <sub>2</sub> : TC/HDL: ECG:	BP: P:	BP: P:
Renal Protection	eGFR: ACR:		
Vision Preservation			
Peripheral Circulation			
Dentition			
Motivational Interviewing	Priority: Importance: Readiness: Confidence: Tools:		
Others			

**Patient's Name: <PtFullName>**

**INVESTIGATIONS<Ix>**

**Patient's Name: <PtName>**

<b>TEAM CARE ARRANGEMENT</b>		
<b>Team Care Members &amp; Contact Details</b>	<b>Required treatments and services</b>	<b>Goals</b>

I give my permission for my GP to discuss my medical history/diagnosis with other service providers. I understand that referral for service can still go ahead if I do not want information about me made knowN to the service providers. I understand the above Care Plan recommendations and agree to the outlined goals.

**Patient/Carer Signature:** x\_\_\_\_\_ **Date:** <TodaysDate>

**Pt Name:** <PtFullName>

I have explained the steps and any costs involved, and the patient has agreed to have the care plan service. The patient also agrees to the involvement of other health providers and to share their clinical information.

**GP's Signature:** x\_\_\_\_\_ **Date:** <TodaysDate>

**GP Name:** <DrName>