



Care plan & referral template for Individual Allied Health Services under Medicare

Preparation & Coordination of:

GP Management Plan [GPMP] (MBS item no. 721)

AND

Team Care Arrangements [TCAs] (MBS item no. 723)

PATIENT DETAILS	
Name:	
Address:	
Phone number:	
Date of Birth:	
Medicare No.:	
Private health insurance details (if applicable):	
Details of patient's carer (if applicable):	
DOCTOR PREPARING GPMP & TCA	
Dr:	
Provider No:	
Address:	
Phone:	Fax:

MEDICAL HISTORY

- | | |
|--|--|
| <input type="checkbox"/> Ischaemic Heart Disease
<input type="checkbox"/> Type 2 diabetes
<input type="checkbox"/> Hypercholesterolaemia /
Dyslipidaemia
<input type="checkbox"/> Hypertension | <input type="checkbox"/> Osteoarthritis
<input type="checkbox"/> Osteoporosis
<input type="checkbox"/> Depression
<input type="checkbox"/> Other: |
|--|--|

Allergies:

Medications:

If the patient has a previous or existing care plan, when was it prepared and what were the outcomes:

Other notes or comments relevant to the patient's care planning:

GPMP & TCA (Item 721 & 723)

NEED	GOAL	ACTIONS	PROVIDERS	REVIEW DATE
<input type="checkbox"/> Maintain or improve blood sugars	Aim for HBA1c < _____% Maintain blood sugars near normal range Normal range = 3 – 8 mmol/l	Meal plan; Regular meals; Low fat & Low GI; Reduce Alcohol; Regular Home Monitoring; Exercise program prescribed by AEP	<input type="checkbox"/> GP <input type="checkbox"/> AEP <input type="checkbox"/> Dietitian <input type="checkbox"/> Diabetes educator	3-6 months
<input type="checkbox"/> Weight management	Aim for BMI < _____	Increase physical activity Appropriate diet	<input type="checkbox"/> GP <input type="checkbox"/> AEP <input type="checkbox"/> Dietitian	3-6 months
<input type="checkbox"/> Control cholesterol	Aim for: Total chol < 5 LDL chol < 3 HDL chol > 1 Triglycerides < 2	Review physical activity levels & eating habits Review medications Regular blood tests	<input type="checkbox"/> GP <input type="checkbox"/> AEP <input type="checkbox"/> Dietitian	If normal, every 1-2 yrs; If abnormal, every 3-6 months

<input type="checkbox"/> Blood pressure	Aim for BP < _____	Check every visit Medication review Regular aerobic exercise	<input type="checkbox"/> GP <input type="checkbox"/> AEP	Every visit
<input type="checkbox"/> Joint care	Improve range of motion / function of joints	Structured physical activity program & range of motion exercises. Joint stability & muscle strengthening	<input type="checkbox"/> GP <input type="checkbox"/> AEP	3-6 months
<input type="checkbox"/> Improve bone health	Increase bone density & prevent fractures	Weight-bearing activity; Routine activity; Adequate sun exposure (Vit D)	<input type="checkbox"/> GP <input type="checkbox"/> AEP	6-12 months
<input type="checkbox"/> Pain management	Able to perform daily activities unrestricted by pain	Graded exercise therapy & pain management techniques. Analgesia (if necessary)	<input type="checkbox"/> GP <input type="checkbox"/> AEP	3-6 months
<input type="checkbox"/> Depression &/or anxiety	Improving coping mechanisms for anxiety &/or depression; reduced severity of symptoms	Graded exercise therapy (GET) Cognitive behavioural therapy (CBT) Medication (if necessary)	<input type="checkbox"/> GP <input type="checkbox"/> AEP <input type="checkbox"/> Psychologist	3-6 months

Comments:

Proposed Health Providers / Services

CARE CATEGORY	CARE PROVIDER	CONTACT DETAILS	DATE OF CONTACT
GP			
Accredited Exercise Physiologist			

FOR GP USE ONLY:

Copy of GPMP & TCA offered to patient? YES / NO

Copy/relevant parts of GPMP & TCA supplied to other providers? YES / NO / N.A.

Referral forms for Medicare allied health services completed? YES / NO

GPMP & TCA added to the patient's records? YES / NO

Review date for this plan: _____

Patient's Agreement:

I have agreed / my carer has agreed to this GP Management Plan & Team Care Arrangement and I give my consent that my GP may provide a copy of this plan to other providers involved in my care.

Signed by Patient / Carer / or Verbal: _____

Date: _____

Signed by GP: _____

Date: _____