<<Miscellaneous:Practice Letterhead>>

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| **CHRONIC DISEASE MANAGEMENT**  **PREPARATION OF A GP MANAGEMENT PLAN (GPMP)**  **(MBS ITEM NO. 721)** |

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| **Date service was provided:** | [<<Miscellaneous:Date>>](1) |

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| **Patient's name and address:** | <<Patient Demographics:Full Name>>  <<Patient Demographics:Full Address>> |
| **Date of Birth:** | <<Patient Demographics:DOB>> |
| **Contact Details:** | **Phone: (M)** <<Patient Demographics:Phone (Mobile)>>; (**H):** <<Patient Demographics:Phone (Home)>> |
| **Medicare No.** | <<Patient Demographics:Medicare Number>> |
| **Private health insurance details, if applicable:** | <<Patient Demographics:Health Insurance>> |

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| **Details of patient’s usual GP:** | **Details of patient’s carer (if applicable):** |
| <<Doctor:Name>>  <<Doctor:Full Address>>  **Provider No.:** <<Doctor:Provider Number>> | **Name:** [<<Name of patient’s carer (if applicable)>>](#|C|0||0|)  **Relationship to Patient:** [<<<Relationship of carer to patient>>](#|C|0||0|)  **Phone:** [<<Contact telephone or mobile no. of carer>>](#|C|0||0|) |

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| **If the patient has a previous or existing care plan, when was it prepared and what were the outcomes:**  [<<Date and outcomes of patient's last care plan>>](#|C|0||0|) |

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| **Other notes or comments relevant to the patient’s care planning:**  [<<Other comments to the patient's care planning>>](#|C|0||0|) |

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| **Medications:**  [<<Clinical Details:Medication List>>](PLSMGB) |

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| **Allergies:**  [<<Clinical Details:Allergies/Adverse Reactions>>](1) |

**Patient's Name:** <<Patient Demographics:Full Name>>

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| **I have explained the steps and costs involved, and the patient has agreed to proceed with the service**    GP’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: [<<Date GPMP service completed>>>](#|E|||10|  /  /    ) |

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| **AFTER HOURS ARRANGEMENTS- please modify according to the needs of your patient and practice services** |
| If in the event of <<non-emergency medical episode(s)>> the patient should work through their action plan.  If medical attention is still required, and the general practice is closed, the patient should do the following:   1. Ring the on-call GP on <<phone number>> 2. Ring the on-call nurse on <<phone number>> 3. Ring the medical deputising service engaged with the general practice on <<phone number>> |
| **After hours arrangements have been discussed with the patient?** <<yes/no>>  **Patient and/or family have been given the opportunity to ask questions?** <<yes/no>>  **Provided patient with an easy to understand document that explains their after hours arrangements?** <<yes/no>> |

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| **PREPARATION OF A GP MANAGEMENT PLAN (ITEM 721)** | | | |
| **Patient's health problems / health needs / relevant conditions** | **Management goals with which the patient agrees** | **Treatment and services required, including actions to be taken by the patient** | **Arrangements for providing treatment/services (when, who, contact details)** |
| [<<Patient health problems/needs/relevant conditions>>](#|C|0||0|) | [<<Goals with which the patient agrees>>](#|C|0||0|) | [<<Treatment and services required>>](#|C|0||0|) | [<<Treatment/services contact details>>](#|C|0||0|) |
| **Copy of GPMP offered to patient?** [<<Copy of GPMP offered to patient>>](#|B|||1|N)  **Copy / relevant parts of the GPMP supplied to other providers?** [<<Copy of GPMP supplied to other providers>>](#|L|||19|Yes|No|Not required)  **GPMP added to the patient’s records?** [<<GPMP added to patient's record>>](#|B|||1|N)  **Review date for this plan:** [<<GPMP Review date>>](#|E|||10|  /  /    )  The referral form issued by the Department can be found at www.health.gov.au/mbsprimarycareitems or a form can be used that contains all of the component of the Department form. | | | |