<PracticeLetterhead>

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| **CHRONIC DISEASE MANAGEMENT**  **COORDINATION OF TEAM CARE ARRANGEMENTS (TCAs)**  **(MBS ITEM NO. 723)** |

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| **Date service was provided:** | <TodaysDate> |

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| **Patient's name and address:** | <PtFullName>  <PtAddress> |
| **Date of Birth:** | <PtDoB> |
| **Contact Details:** | **Phone: (M)** <PtPhoneMob> ; **(H):** <PtPhoneH> |
| **Medicare No.** | <PtMCNo> / <PtMCLine> |
| **Private health insurance details, if applicable:** | <PtInsFund>  <PtInsNo> |

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| **Details of patient’s usual GP:** | **Details of patient’s carer (if applicable):** |
| <DrName>  <DrAddress>  **Provider No.:** <DrProviderNo> | **Name:** [<Name of patient’s carer (if applicable):>](#BPSFIELD|C|10|||)  **Relationship to Patient:** [<Relationship of carer to patient>](#BPSFIELD|L|SINGLE||||Spouse|Other Relative|Neighbour|Live-in Friend|Visiting Friend|Professional Carer|Other)  **Phone:** [<Contact telephone or mobile no. of carer>](#BPSFIELD|C|10|||) |

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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 if any>](#BPSFIELD|M|10|||) |

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| **Other notes or comments relevant to the patient’s care planning:**  [<Date and outcomes of patient's last care plan>](#BPSFIELD|M|10|||) |

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| **Medications:**  <CurrentRx> |

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| **Allergies:**  <Reactions> |

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

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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 TCA service completed>](#BPSFIELD|D|10|||) |

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| **COORDINATION OF TEAM CARE ARRANGEMENTS (ITEM 723)** | | |
| **Treatment and service goals for the patient/ changes to be achieved** | **Treatment and services that collaborating providers will provide to the patient** | **Actions to be taken by the patient** |
| [<Goals - changes to be achieved>](#BPSFIELD|M|10|||) | [<Treatment and services will be provided to the patient>](#BPSFIELD|M|10|||) | [<Actions to be taken by the patient>](#BPSFIELD|M|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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| **Copy of TCAs offered to patient?**  [<Copy of the TCAs offered to patient>](#BPSFIELD|B|1|||)  **Copy / relevant parts of the TCAs supplied to other providers?** [<Copy of the TCAs supplied to other providers?>](#BPSFIELD|L|SINGLE||||Yes|No|Not required)  **TCAs added to the patient’s records?** [<TCAs added to patient's record?>](#BPSFIELD|B|1|||)  **Referral forms for Medicare allied health services completed?**  [<Referral forms for Medicare AHPs completed>](#BPSFIELD|B|1|||)  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.  **Review date for these TCAs:** [<TCAs Review Date>](#BPSFIELD|D|10|/  /||) |