

Management Plan with Team Care Arrangements for patients with multidisciplinary care needs. To be conducted by the patient's usual GP

	GP prepares	GP Review	GP contributes
General Practice Management Plan	721	732	729
Team Care Arrangements	723	732	729
Aged Care Resident Care Plan			731

GP Management Plans (GPMP) and Team Care Arrangements (TCA) are a part of the Commonwealth Governments 2005 Enhanced Primary Care Package. Together they allow the use of the allied health and dental item numbers for approved providers. As a member of the care team I am forwarding a copy of the Management Plan and Team Care arrangements for your records. Could you please review these documents and write back with any comments on this plan and I will incorporate the changes into a new GPMP and TCA. If the plan is satisfactory please fax the plan back to our fax number below with your approval. Our practice's fax policies ensure patient privacy. I will review and update this plan at regular intervals and let you know of any changes in the plan. Please contact me if you have any questions about this patient or their care.

PATIENT DETAILS	MEDICAL PRACTITIONER DETAILS
<p>Patient's Name: Mr Donald Duck Date of Birth: 10 Sep 1900 Address: 20 Duck Street Nunawading 3131 VIC Email: dduck@mail.com</p> <p>Mobile: Phone: 9896290355 Medicare Card No: 3416 00000 2 Healthcare Card No: 223344565789</p> <p>Contact details of carer if appropriate Name: Relationship: Contact Details:</p>	<p>Name: System Administrator Provider No: Email: Phone: 02 9690 8666 Address: Lisa's Surgery Level 1 Crescent Darlinghurst NSW 2010</p>

MANAGEMENT PLAN HISTORY AND OTHER CHECKS

Home medication review within the last 12 months

Yes No

Verbal consent to GP Management Plan and Team Care

Arrangements and to provide a copy to relevant providers of care

Yes No

Health assessment within the last 12 months

Yes No

GP Management Plan within last 2y

Yes No

Advanced health directive has been discussed

Yes No

Team Care Arrangements Service within last 2y

Yes No

"My Health Record" has been prepared

Yes No

EPC referral to allied health providers

Yes No

This GPMP & TCA if required will be available in "My Health Record"

Yes No

If the patient eligible under Veterans Affairs. Please ensure this form is available on request from DVA

PROBLEM LIST Include medication list if appropriate as of

Medical Summary:

Asthma - Patient is allergic to smoke and dust

Comment:

Medication List:

Salbutamol sulfate 100 mcg/1 dose 200 doses (Airomir Autohaler Inhaler) Use three times a week

Comment:

Allergies and Intolerances:

20 Aug 2010 - Alcohol
09 Mar 2011 - Allergen extracts - Patient is allergic to dust and pollen

Comment:

Vaccinations:

Comment:

Patient consents to release of clinical details Yes No

MANAGEMENT PLAN GOALS and TEAM CARE ARRANGEMENTS IF REQUIRED

General Practice Management Plan

Blood pressure at least each 2 years from 18-
Fasting Chol TG HDL each 5 years from 45 (for those at high risk smoker, hypertension, overweight family history of coronary disease <60 absolute cardiovascular risk > 15% over the next 5 years screen annually)-
Fasting BSL each 3 years from 55 and annually from 45 for those at high risk (IGT, ATSI, Pacific Island, Indian subcontinent or Chinese origin from 35,BMI>30, hypertension)-
GTT for fasting BSL 5.5-6.9-
Urinalysis and blood pressure annually from 50-

UEC and calculated GFR annually for those at high risk (hypertension family history of renal disease)-

Consider annual fasting BSL Chol TG HDL UEC LFTS-

Consider annual CK on a statin-

Calculated creatinine clearance 15 Nov 2010
MG/DL :8

Regular skin check recommended Yes No

Consider Bone densitometry-
Most adults with coeliac disease will have significant osteopaenia at the time of presentation. Conversely, approximately 5% of adults diagnosed with osteoporosis will be found to have underlying coeliac disease as the cause.

Faecal occult blood test every 2 years recommended from 50
Regular Colonoscopy screening recommended –

Confirmation of Diagnosis

Antibody testing alone is still not recommended for the diagnosis of coeliac disease
The diagnosis of coeliac disease should be confirmed by a small bowel biopsy
Of the serological tests Endomysial antibody (EMA) and tTG antibodies have greater sensitivity and specificity for coeliac disease than gliadin antibodies total IgA should also be tested.
False positives are found in 1% of subjects tested
Endomysial antibody (EMA) and tTG antibodies may be used to monitor diet compliance

Specific goals

Target weight loss for the next 12 months of <<
>>

Blood Pressure from 18 years of age target of <120/80 mmHg

Current blood pressure- Systolic :130

Diastolic :80

21 Aug 2010

Cholesterol from 45 with targets below 4.0 mmol/l

Current Cholesterol- H - High

Value :5

mmol/l 17 Mar 2011

Target fasting BSL <5.5

Current fasting -

Urinalysis normal << >>

Endomysial antibody (EMA) and tTG antibodies in the normal range-

Consider Vaccination to prevent Influenza and Pneumococcal disease-

Consider Antiplatelet agents in patients with , or at high risk, of Coronary artery disease (CAD)-

Consider ACE inhibitors in patients with CAD or CCF-

Consider Beta-blockers in patients with CAD or CCF-

Consider Statins in patients with, or at high risk, of CAD-

Avoid

Any foods that contain gluten. It is important to read the labels of all packaged or prepared foods. Some foods that contain gluten include:

Meat products - any products prepared with breadcrumbs or

<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Pap Smear each 2 years to 18-70 - Mammogram each 2 years from 50 -70 (consider annually from 40 with a family history of breast cancer-</p> <p>Regular PSA and rectal examination screening scheduled Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Inform of risks, uncertainties and benefits of annual PSA and rectal examination from 50-70 (From 40 with family history of prostate cancer < 60). Routine screening currently not recommended by RACGP or NHMRC.</p> <p>Team Care Arrangements and frequency of review General Practitioner each month - General Practitioner each 3 months- General Practitioner each 6 months - General Practice Nurse each 12 months-</p> <p>Pharmacist review monthly - Promote understanding and appropriate use of medications -</p> <p>Patient held updated medication list - Home medicine review recommended Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Comprehensive dietary education-</p> <p>Consider Annual Ophthalmologist review for falls prevention, glaucoma screening and complication screening-</p> <p>Consider specialist review for screening and management of complications-</p> <p>Consider Dental review for screening and management of complications-</p> <p>Consider Psychologist review for supportive psychotherapy and cognitive behavioural therapy-</p> <p>Consider Podiatrist review for nail care as required with annual complications screening- Peripheral neuropathy present Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Consider Physiotherapist review for active physical therapy and rehabilitation-</p> <p>Consider Exercise Physiologist for a motivational interview, to assist in developing a structured exercise program and to monitor progress-</p> <p>Consider Occupational therapist review for screening and management of complications-</p> <p>Consider Community care package for assistance with meals, housework, shopping, transport, financial organisation and medication supervision-</p>	<p>batter, most sausages and other processed meats (including smallgoods), thickened soups, meat pies and frozen meals. Dairy products - malted milk, some flavoured milks, cheese spreads, icecream in a cone, many custards and many soymilks.</p> <p>Fruits and vegetables - canned and sauced vegetables, textured vegetable protein (found in some vegetarian products) and fruit-pie filling.</p> <p>Cereal and baking products - wheat, wheaten or unspecified corn flour, semolina, couscous, wheat bran, barley, oats, porridge, breakfast cereals containing wheat, rye, oats or barley, corn or rice cereals containing malt extract, icing sugar mixtures and baking powder.</p> <p>Pasta and noodles - spaghetti, pasta, lasagne, gnocchi, hokkein noodles, soba noodles and two-minute noodles.</p> <p>Bread, cakes and biscuits - all bread, cakes and biscuits prepared with flours that contain gluten. This also includes communion hosts.</p> <p>Condiments - malt vinegar, many mustards, relishes, pickles, salad dressings, sauces, gravy and yeast extracts.</p> <p>Snacks - liquorice, some lollies and chocolates, packet savoury snacks, and some flavoured potato and corn chips.</p> <p>Drinks - cereal coffee substitutes, milk drink powders, beer, stout, ale, guinness and lager.</p> <p>Action Plans In an emergency dial 000 for ambulance</p> <p>Healthy lifestyle Smoker Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Complete cessation of smoking and avoidance of passive smoking. Quiteline 131848. Consider pharmacotherapy if smoking more than 10 per day.</p> <p>Establishment and maintenance of healthy eating with saturated and trans fatty intake < 8% of total energy Heartline 1300362787 or www.heartfoundation.com.au</p> <p>Low risk alcohol consumption for those who drink. Alcohol consumption restricted to a maximum of 4 standard drinks, usually alcohol confined to 1-2 standard drinks per night and abstain from alcohol for 2 nights per week.</p> <p>Moderate regular exercise whose medical condition is clinically stable. Goal of 30-60 minutes per day brisk walking.</p> <p>Health of caregiver Carers are at risk of depression, anxiety emotional distress loneliness and isolation. Carer support may be achieved through support groups, respite care, for carer support resources contact Carelink 1800 052222 www.commcarelink.health.gov.au</p> <p>Patient support organisations The Coeliac Society of Australia supports people who have been diagnosed with coeliac disease, and their families Web site: www.coeliac.org.au</p>
PATIENTS AGREEMENT	

I agree with the goals of this care plan and I understand the recommendations

_____ Signed by patient
Mr Rahul Dwivedi

Date

_____ Signed by GP
System Administrator

General Practice Management Plan or Team Care Arrangements each 2 years. Review after 6 months

New General Practice Management Plan or Team Care Arrangements after 12 months if clinical conditions change markedly.
Review General Practice Management Plan or Team Care Arrangements after 3 months if clinical conditions change markedly.
To be given to the patient and other team members as appropriate.
All participants undertake to retain confidentiality