

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 Street Nunawading 3131 VIC Email: 00000dduck@mail.com Mobile: Phone: 9896290355 Medicare Card No: 3416 95453 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 83 Palmerston Crescent Darlinghurst NSW 2010</p>

MANAGEMENT PLAN HISTORY AND OTHER CHECKS

Home medication review within the last 12 months Yes <input type="checkbox"/> No <input type="checkbox"/>	Verbal consent to GP Management Plan and Team Care Arrangements and to provide a copy to relevant providers of care Yes <input type="checkbox"/> No <input type="checkbox"/>
Health assessment within the last 12 months Yes <input type="checkbox"/> No <input type="checkbox"/>	
GP Management Plan within last 2y Yes <input type="checkbox"/> No <input type="checkbox"/>	Advanced health directive has been discussed Yes <input type="checkbox"/> No <input type="checkbox"/>
Team Care Arrangements Service within last 2y Yes <input type="checkbox"/> No <input type="checkbox"/>	"My Health Record" has been prepared Yes <input type="checkbox"/> No <input type="checkbox"/>
EPC referral to allied health providers Yes <input type="checkbox"/> No <input type="checkbox"/>	This GPMP & TCA if required will be available in "My Health Record" Yes <input type="checkbox"/> No <input type="checkbox"/>

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)-

Calculated creatinine clearance- 15 Nov 2010
MG/DL :8

Regular skin check recommended Yes No

Faecal occult blood test every 2 years recommended from 50-

Confirmation of Diagnosis

Diagnosis of pain established

Knowledge of illness

Read Manage your Pain by Dr Michael Nicholas. Encouragement of paced physical activity. Pain should generally be treated as muscle spasm by stretching and light activity. Bed rest should be avoided. You must walk without a limp and as flexibly as possible. Lifting and twisting should be avoided. Avoid prolonged bending as in working bent over a table.

Specific goals

Goals for the prescription of a drug that may cause addiction or dependency include;

-

Has a contract for use of drugs of dependency
Yes No

Consider a trial of non drug treatments eg TENS, physiotherapy or hydrotherapy-

Regular simple analgesics eg regular paracetamol-

Consider Amitriptyline, Carbamazepine or Gabapentin if indicated-

<p>Regular Colonoscopy screening recommended Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>For women 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>For men 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 Practitioner each 12 months- General Practice Nurse each 12 months Pharmacist review monthly Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Promote understanding and appropriate use of medications Patient held updated medication list There is a contract of care for the prescription of a drug that may cause addiction or dependency Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Home medicine review recommended Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Consider Pain Clinic referral for comprehensive multidisciplinary education if available-</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-</p> <p>Peripheral neuropathy present-</p> <p>Consider Physiotherapist review for active physical therapy and rehabilitation-</p> <p>Consider Occupational Therapist home visit for falls prevention-</p> <p>Consider Community care package for assistance with meals, housework, shopping, transport, financial</p>	<p>Target weight loss for the next 12 months of << >></p> <p>Blood Pressure from 18 years of age target of <120/80 mmHg Current blood pressure- Systolic :130 Diastolic :80 21 Aug 2010</p> <p>Cholesterol from 45 with targets below 4.0 mmol/l Current Cholesterol- H - High Value :5 mmol/l 17 Mar 2011</p> <p>Target fasting BSL <5.5 Current fasting –</p> <p>Urinalysis normal Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>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-</p> <p>Action Plans Review should be arranged with alarm symptoms of weight loss, severe night pain, marked morning stiffness, pain with fever or progressive worsening of the pain. 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. Establishment and maintenance of healthy eating with saturated and trans fatty intake < 8% of total energy Heartline 1300362787 or www.heartfoundation.com.au 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. Moderate regular exercise whose medical condition is clinically stable. Goal of 30-60 minutes per day brisk walking.</p> <p>Quality of life decisions Consider appropriateness of an advanced health directive.</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</p>
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organisation and medication supervision.

052222 www.commcarelink.health.gov.au

Patient support organisations

Pain World supports people with chronic pain and their families

Web site: www.painworld.zip.com.au

PATIENTS AGREEMENT

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

_____ Signed by
Mr Donald Duck
Patient

Date

_____ Signed by
System Administrator
GP

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