

## TEAM CARE ARRANGEMENTS - MBS ITEM No 723 (CORONARY HEART DISEASE)

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**Patient's Name:** Mr Donald Duck

**Date of Birth:** 10 Sep 1900

**Patients Age:**28y

**Patient Gender:** Male

**Contact Details: Address**

20 Burnt Street  
Nunawading  
3131  
VIC

**Email:** dduck@mail.com

**Mobile:**

**Phone:** 9896290355

**Medicare or Private Health Insurance Details:**

**Medicare Card No:** 3416 00000 2

**Healthcare Card No:** 223344565789

**Details of Patient's Usual GP:**

**Name:** System Administrator

**Provider No:**

**Email:**

**Phone:** 02 9690 8666

**Address:**

Lisa's Surgery  
Level 1 83 Palmerston Crescent  
Darlinghurst  
NSW  
2010

**Details of Patient's Carer (if applicable):**

**Name:**

**Relationship:**

**Contact Details:**

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**Date of last Care Plan/Team Care Arrangements (if done):**

Comment:

**Other notes or comments relevant to the patient's Team Care Arrangements:**

Comment:

### PAST MEDICAL HISTORY

Asthma - Patient is allergic to smoke and dust

Comment:

## FAMILY HISTORY

Abuse;drug(s) - Family history of drug abuse - xxx  
Addiction;smoking (tobacco) - A - xxx  
Smoking (tobacco) - Patient is addicted to smoking - xxx

Comment:

## MEDICATIONS

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

Comment:

## ALLERGIES

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

Comment:

**Patient's Name:** Mr Donald Duck

### TEAM CARE ARRANGEMENTS - MBS ITEM 723 (CORONARY HEART DISEASE)

Applies to acute coronary syndromes, myocardial infarction, coronary angioplasty with/without stenting, and bypass surgery. Similar guideline for other vascular disease (peripheral and cerebrovascular)

Goals - changes to be achieved	Required treatments and services including patient actions	Specific arrangements for treatments/services (when, who, and contact details)
Patient to have a clear understanding of coronary heart disease and the patient's role in managing the condition-	Patient education-	GP- Practice nurse-
Medication management-	Ensure correct use of medications. Undertake Home Medicine Review-	GP- Pharmacist-
Maintain healthy diet and optimum weight range (including lifestyle aspects of lipids and blood pressure)-	Maintain healthy nutrition and weight control-	GP- Dietician- Other allied health educator-
Maintain physical activity-	Development of exercise program suitable to needs of patient-	GP- Cardiac rehab- Exercise physiologist- Other allied health educator-
Smoking cessation-	Smoking cessation program-	GP- Quit program-
Minimise ongoing cardiac symptoms-	Optimise medical management-	GP- Cardiologist or other specialist-
Co-morbidity, e.g. diabetes-	Optimise medical management-	GP- Medical specialist-

Improve wellbeing-	Manage depression-	GP- Psychologist/psychiatrist/counsellor-
Reduce social isolation-	Linkages to community services-	GP- Counsellor/social worker-

**Copy of Team Care Arrangements offered to patient?** Yes  No

Comment:

**Team Care Arrangements added to the patient's records?** Yes  No

Comment:

**Copy / relevant parts of the Team Care Arrangements supplied to other providers?** Yes  No

Comment:

**Referral forms for Medicare allied health and dental care services completed?** Yes  No

Comment:

[For referral forms call 1800 067 307, go to [www.hic.gov.au/providers/forms](http://www.hic.gov.au/providers/forms) or look under "Supplied" templates]

**Date service was completed:**

**Proposed Review Date:**

<p><b>I have explained the steps and any costs involved, and the patient has agreed to proceed with the Team Care Arrangements.</b> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><b>The patient also agrees to the involvement of other health providers and to share their clinical information (without / with restrictions).</b> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>GP's Signature: _____ Date: _____</p>
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