

**TEAM CARE ARRANGEMENTS - MBS ITEM No. 723
(DEPRESSION/ANXIETY DISORDER)**

Patient's Name: Mr Donald Duck
Patients Age: 28y

Date of Birth: 10 Sep 1900
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:

Date of the 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

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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 depression / anxiety and how it can be managed-	Patient education-	GP- Allied health professional- Psychiatrist-
Decrease severity and frequency of symptoms of depression / anxiety-	Medication Consider: - CBT- - Counselling- - Psychotherapy- - Relaxation training-	GP- Allied health professional- Psychiatrist-
Identify stressors and precipitants.	Address stressors and known risk	GP-

Avoid relapse.	factors- Counselling Consider: - Problem solving- - CBT- - Interpersonal therapy- - Marital / family therapy- - Loss / grief counselling-	Allied health professional- Psychiatrist-
Maintain healthy diet and optimum weight range -	Patient education re healthy nutrition and weight control-	GP- Practice nurse- Dietician-
Maintain physical activity-	Establishment of exercise program-	GP- Patient- Exercise physiologist-
Smoking cessation-	Smoking cessation program-	GP- Quit program-
Control alcohol / substance abuse-	Management of alcohol / substance abuse- Substance abuse program-	GP- Counsellor- Allied health professional-
Medication management-	Ensure correct use of medications- Undertake Home Medicine Review-	GP- Pharmacist-
Improve social and family functioning. Stress management-	Counselling- Support group- Stress management program-	GP- Counsellor- Allied health professional-

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 or look under "Supplied" templates]

Date service was completed:

Proposed Review Date:

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