

TEAM CARE ARRANGEMENTS – Osteoporosis

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

Date of Birth: 10 Sep 1900
Patient Gender: Male

Contact Details:

Address

20 Burn 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

TEAM CARE ARRANGEMENTS –Osteoporosis

This Team Care Arrangement can be used for adult patients with established osteoporosis, who may require multidisciplinary care eg. Post-menopausal women with previous fracture.

Goals - changes to be achieved	Required treatments and services including patient actions	Specific arrangements for treatments/services (when, who, and contact details)
1. General		
Patient to have a clear understanding of osteoporosis and the patient's role in self management-	Patient education-	-GP- -Physiotherapist-
Optimal pain management-	Development of pain management program suitable to needs of patient Options: analgesia, counselling, physiotherapy, occupational therapy-	-GP- -Physiotherapist- -Occupational therapist/counselling-
2. Lifestyle		
Maintain healthy diet and weight-	-Assess dietary calcium & vitamin D intake- -Provide patient education re adequate intake & sources of calcium & vitamin D, including adequate sun exposure- -Consider calcium and vitamin D supplements if intake inadequate-	-GP- -Dietician-
Increase / maintain physical activity-	Patient education re specific exercises-	-GP- -Physiotherapist or Exercise

Recommendations-		physiologist- -Occupational therapist- -Orthopaedic surgeon-
Optimise mobility / reduce risk of falls-	Targeted & multi-faceted falls prevention programs -	-GP- -Occupational therapist- -Podiatrist- -Pharmacists as part of HMR or RMMR-
Smoking cessation-	Smoking cessation program – drug and non-drug options-	-GP- -Quit program/support group (ph 131 848)-
4. Medication management-	-Ensure correct use of medications, minimise side effects, review compliance with medications & duration of therapy.- -Undertake Home Medicine Review -	-GP- -Pharmacist as part of HMR or RMMR-
5. Psychosocial		
Ensure mental well-being-	Management of psychological disease burden-	-Psychologist- -Counsellor / social worker- -Support groups/services-
Optimise / preserve independence through assistance with daily living activities-	Linkages to community services-	-GP- -Support services/ groups-

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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