

## GP Management Plan & Team Care Arrangement (Item 721 & 723)

PATIENT DETAILS	DOCTOR PREPARING PLAN
Mr/Ms _____ Address: _____ _____ P/C: _____ DOB: _____ Medicare No: _____ Phone: _____	Dr _____ Provider No: _____ Address: _____ _____ Phone: _____ Fax: _____ Email: _____
MEDICAL HISTORY	CURRENT MEDICATIONS
<input type="checkbox"/> Ischaemic Heart Disease / CABG <input type="checkbox"/> Type 2 Diabetes <input type="checkbox"/> Hypercholesterolaemia / Dyslipidaemia <input type="checkbox"/> Hypertension <input type="checkbox"/> Cancer <input type="checkbox"/> Multiple Sclerosis <input type="checkbox"/> Chronic Injury / Pain <input type="checkbox"/> Osteoarthritis <input type="checkbox"/> Osteoporosis / Osteopaenia <input type="checkbox"/> Depression / Anxiety Other: _____ _____ _____	Medication List Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No _____ _____ _____ _____ _____ _____

NEED	GOAL	ACTIONS	PROVIDERS
<input type="checkbox"/> Maintain or improve blood glucose	Target HBA1c < ____% Maintain blood glucose near normal range	Dietary Advice; Regular home monitoring; Exercise Programme	<input type="checkbox"/> GP <input type="checkbox"/> Exercise Physiologist <input type="checkbox"/> Dietician <input type="checkbox"/> Diabetes Educator
<input type="checkbox"/> Weight Management	Aim for BMI < _____ Aim for waist circumference < _____	Increase Physical Activity Appropriate diet	<input type="checkbox"/> GP <input type="checkbox"/> Exercise Physiologist <input type="checkbox"/> Dietician
<input type="checkbox"/> Control cholesterol	Aim for: Total Chol < _____ LDL Chol < _____ HDL Chol > _____ Trigs < _____	Review physical activity levels & eating habits Review Medications Regular blood tests	<input type="checkbox"/> GP <input type="checkbox"/> Exercise Physiologist <input type="checkbox"/> Dietician
<input type="checkbox"/> Blood Pressure	Aim for BP: _____	Review Medications; Dietary Advice; Exercise Programme; Regular BP checks	<input type="checkbox"/> GP <input type="checkbox"/> Exercise Physiologist <input type="checkbox"/> Dietician
<input type="checkbox"/> Manage Cancer	Improve Quality of Life	Regular blood test	<input type="checkbox"/> GP

	Reduce risk of recurrence or progression	Exercise Prescription Diet Review Regular Medication Review Other:	<input type="checkbox"/> Exercise Physiologist <input type="checkbox"/> Dietician
<input type="checkbox"/> Manage MS	Maintain/Improve Quality of Life Maintain/Improve Physical Functioning Improved Quality of Life Improve Coping, Psychological Health	Review Medications; Exercise Prescription and Support; Dietary Advice; Counselling	<input type="checkbox"/> GP <input type="checkbox"/> Exercise Physiologist <input type="checkbox"/> Dietician <input type="checkbox"/> Psychologist
<input type="checkbox"/> Pain Management	Reduced Pain levels Improved Quality of Life	Medication review; Exercise Prescription	<input type="checkbox"/> GP <input type="checkbox"/> Exercise Physiologist
<input type="checkbox"/> Maintain or Improve Bone Strength	Reduce Risk of Fractures; - Improve BMD - Reduce Fall Risk	Medication review; Vit D and Calcium; Weight Bearing Exercise; Balance Training; Vision review	<input type="checkbox"/> GP <input type="checkbox"/> Exercise Physiologist <input type="checkbox"/> Dietician <input type="checkbox"/> Optometrist
<input type="checkbox"/> Increase Physical Activity	Minimum of 30 minutes of moderate/vigorous activity on most, if not all days - gradually progress to goal over time - take breaks as required	General recommendations; Comprehensive exercise assessment, prescription and support	<input type="checkbox"/> GP <input type="checkbox"/> Exercise Physiologist
<input type="checkbox"/> Manage Depression / Anxiety	Improved coping mechanisms for depression and/or anxiety Improved symptom management	Medication review; Counselling; Exercise Therapy; Diet	<input type="checkbox"/> GP <input type="checkbox"/> Psychologist <input type="checkbox"/> Exercise Physiologist <input type="checkbox"/> Dietician
<input type="checkbox"/> Other: Please specify:			

**HEALTH PROVIDERS/SERVICES** (must be at least 2)

Provider	Category of Care	Contact Details
Dr	GP	
UTAS Exercise Physiology Clinic	Exercise Physiologist	Ph: (03) 6324 5400 Email: <a href="mailto:Andrew.Williams@utas.edu.au">Andrew.Williams@utas.edu.au</a>

**PATENT'S AGREEMENT**

I have agreed / my carer has agreed to this team care arrangement and I understand the arrangement and consent to my GP providing a copy of this plan to other providers involved in my care.

Signed by Patient / Carer / or Verbal: \_\_\_\_\_ Date: \_\_\_\_\_

Signed by GP: \_\_\_\_\_ Date: \_\_\_\_\_