

**CHRONIC DISEASE MANAGEMENT
GP MANAGEMENT PLAN (MBS ITEM No. 721)**

SAMPLE FORM No. 721

Patient's Name: Date of Birth: Contact Details: Medicare or Private Health Insurance Details:	Fred Jones 30 May 1970 24 Smith Street, Boreham L232450
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Details of Patient's Usual GP:	Details of Patient's Carer (if applicable):
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If the patient has a previous or existing care plan	When was it prepared and what were the outcomes?
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Other notes or comments relevant to the patient's care planning:

MEDICATIONS

ALLERGIES

Patient's Name:

I have explained the steps and costs involved, and the patient has agreed to proceed with the service.

(GP's Signature & Date)

GP MANAGEMENT PLAN

Patient problems / needs / relevant conditions	Goals - changes to be achieved.	Required treatments and services including patient actions.	Arrangements for treatments/services (when, who, contact details).

Copy of GPMP offered to patient? YES / NO

Copy / relevant parts of the GPMP supplied to other providers? YES / NO / NOT REQUIRED

GPMP added to the patient's records? YES / NO

Date service was completed:

Review Date: