

**CHRONIC DISEASE MANAGEMENT
GP MANAGEMENT PLAN (MBS ITEM No. 723)**

SAMPLE FORM No. 723

Patient's Name: Date of Birth:	Fred Jones 30 May 1970
Contact Details:	24 Smith Street, Boreham
Medicare or Private Health Insurance Details:	L232450

Details of Patient's Usual GP:	Details of Patient's Carer (if applicable):

If the patient has a previous or existing care plan	When was it prepared and what were the outcomes?

Other notes or comments relevant to the patient's care planning:

MEDICATIONS
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ALLERGIES
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Patient's Name:

I have explained the steps and costs involved, and the patient has agreed to proceed with the service. The patient agrees to the involvement of other health providers and to share their clinical information without / with restrictions (identify).

(GP's Signature & Date)

TEAM CARE ARRANGEMENTS

Goals – changes to be achieved	Required treatments and services including patient actions	Required treatments and services including patient actions.

Copy of TCA offered to patient? YES / NO

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

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

Referral forms for Medicare allied health services completed? YES / NO
[For referral forms call 1800 067 307 or go to mbd.web@health.gov.au]

Date service was completed:

Review Date: