

Patient's Name: <<patname>>

Doctor's Name: <<docname>>

Date: <<date>>

I have explained the steps and costs involved, and the patient has agreed to proceed with the service. ....(GP's Signature)

### GP MANAGEMENT PLAN – ITEM 721 & TEAM CARE ARRANGEMENTS - ITEM 723

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).
Cannot manage own hygiene safely and confidently	Good personal hygiene and confidence whilst attaining this	Provide assistance with hygiene	St Luke's Nursing Service
Frail since injuries from fall and hospitalisation	Stay in own home with support	Organise ACAT Assessment to check if Care Package is available to her	ACAT RBH
Cannot manage care of own feet	Maintain / ensure good foot care	Continue with current podiatry regime	Podiatrist's Name
Inability to use public transport	Ability to travel to appointments and activities with some degree of independence	Application for Taxi Subsidy	GP and Queensland transport
Confusion and lack of knowledge re medications	Compliance with medication; accurate dispensing and education	Webster Pack from pharmacy Medication Review	GP and Day & Night Pharmacy
Ulcers on L) lower leg which require professional assistance to dress	Healing of ulcers	Dressings by Domiciliary Nurse at least three times weekly at present	St Luke's Nursing Service

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: 01/07/2005

Review Date: 01/01/2006

**Patient's Name:** <<patname>>

**Doctor's Name:** <<docname>>

**Date:** <<date1>>

**I have explained the steps and costs involved, and the patient has agreed to proceed with the service.** .....(GP's Signature)

**GP MANAGEMENT PLAN – ITEM 721 & TEAM CARE ARRANGEMENTS - ITEM 723**

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).
Understanding of diabetes	To gain a clear understanding about diabetes and own role in managing the condition	Education	Diabetes Educator _____ GP and PN
Diet and weight, physical activity	To maintain a healthy diet and to decrease BMI/girth to within healthy limits. For weight loss of ___ kgs within the next __ months To develop a healthy level of physical activity of exercise of at least __ mins __ or more days per week / times per day	Education and review by dietitian and exercise physiologist	Dietician _____ Patient Exercise Physiologist _____
Cholesterol and lipids	To reach and maintain targets of: LDL < 2.5; Cholesterol < 4.0mmol/L; HDL >= 1.0 mmol/L; Triglycerides , 2.0 mmol/L	Education and review	GP Patient
HbA1c and Blood Glucose	To use diet and exercise to decrease HbA1c to <7% and perform regular monitoring	Diet, exercise, medication and monitoring	GP, PN Patient
Blood pressure	To reach and maintain BP , 130/80 mmHg	Monitoring and medication	GP and Patient
Foot complications	Prevent further foot complications through good foot care practices; daily foot checks; twice yearly foot assessments by professional	Education, self care and review by podiatrist	Podiatrist Patient
Eye complications	Monitor to ensure early detection of problems	Eye check now and every 2 years	Optometrist
Kidney damage	Avoid renal complications	Regular checks microalbuminuria	GP
Smoking, alcohol and sexual dysfunction	No smoking; alcohol consumption within normal limits; maintenance of sexual function	Education and regular review	GP Patient

**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:** 01/08/05

**Review Date:** 01/02/06