

**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:

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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:

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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.(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
GPMP added to the patient's records? YES / NO
Date service was completed: Review Date: