

**CHRONIC DISEASE MANAGEMENT
PREPARATION OF A GP MANAGEMENT PLAN (GPMP)
(MBS ITEM NO. 721)**

SAMPLE FORM

Date service was provided:	
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Patient's name and address:	
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Date of Birth:	
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Contact Details:	
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Medicare No.	
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Private health insurance details, if applicable:	
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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:

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 and date)

PREPARATION OF A GP MANAGEMENT PLAN (ITEM 721)

Patient's health problems / health needs / relevant conditions	Management goals with which the patient agrees	Treatment and services required, including actions to be taken by the patient	Arrangements for providing treatment/services (when, who, contact details)

Copy of GPMP offered to patient? YES

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

GPMP added to the patient's records? YES

Review date for this plan: dd/ mm / yy