**Instructions:** The purpose of this tool is to provide a snapshot of where the patient is in relation to General Practice in Aged Care Incentive service requirements. Complete the checklist at the top of the form to record eligibility requirements and confirm linkages to Services Australia systems have been completed. When an eligible service requirement is provided simply click the checkbox under the relevant service within the relevant quarter.

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| --- | --- | --- |
| Patient given first name: | Patient family name: | Patient DOB: |
| Responsible provider name: | Aged care home name: | |
| MyMedicare registration status: | MyMedicare registration date: | |
| Patient GPACI indicator on MyMedicare profile: | Patient linked to responsible provider: | Assessment start date: |

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| Service delivery month | Quarterly Service | | Residential Medication Management Review | Comprehensive Medical Assessment | Case Conference | Review/Contribution of care plan |
| General Practice Aged Care Requirement | At least 2 qualifying services a quarter in separate calendar months | | At least two of the above services over the annual assessment period | | | |
|  | Responsible provider | Practice Team Member | Date of most recent service | Date of most recent service |  | Date of most recent service |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |
|  |  |  | Click on the checkbox in the month completed | Click on the checkbox in the month completed | Click on the checkbox in the month completed | Click on the checkbox in the month completed |