

Manjimup General Practice

Shop 6 & 7, Manjimup Shopping Centre, 93 - 101 Mottram St, Manjimup WA 6258
PH: 08 9788 1888 Email: manjimupgp@gmail.com

27/07/23

Rebel Ward

The Movement Wellness Hub/Southern Forest Medical Centre
Corner of Pritchard and Chopping Street, Manjimup, WA 6258
0447670410
Rebel.adelle@gmail.com

RE: Team care Arrangement Consent for Jesse Giles

Dear Rebel,

The above mentioned patient has been placed on a Team care Arrangement.

Please indicate your acceptance to participate as a service provider by ticking the corresponding response and emailing it back to us.

YES

NO

Kind regards,

Dr. Jo-Ann Dovaston, GP





Referral form for Individual Allied Health Services under Medicare for patients with a chronic medical condition and complex care needs

Note: GPs can use this form issued by the Department of Health and Ageing or one that contains all of the components of this form.

To be completed by referring GP:

Please tick: ☐ Note: GP's are encouraged to attach a copy of the relevant part of the patient's care plan to this form.

☐ Patient has GP Management Plan (item 721 or review item 732) And Team Care Arrangements (item 723 or review item 732)

☐ GP has contributed to or reviewed a multidisciplinary care plan prepared by the patient's aged care facility (item 731)

GP details

Provider No. 5464914A

Name Dr Jo-An Aguirre Dovaston

Address Unit 6, 93-101 Mottram Street
Manjimup 6258 Ph 0897881888 Fax 0897881889

Patient details

Medicare No. 6146596698

First Name Jesse Surname Giles

Address 32 Muir Street

Allied Health Professional (AHP) patient referred to:

Name Rebel Ward

Address Corner of Pritchard and Chopping St. Manjimup, WA 6258

Referral details – Use a separate copy of the referral form for each type of service

Eligible patients may access Medicare rebates for up to 5 allied health services (in total) in a calendar year. Indicate the number of services required by writing the number in the 'No. of services' column next to the relevant AHP.

No of services	AHP Type	Item Number	No of services	AHP Type	Item Number	No of services	AHP Type	Item Number
	Aboriginal Health Worker	10950		Exercise Physiologist	10953		Podiatrist	10962
	Audiologist	10952		Mental Health Worker	10956		Psychologist	10968
	Chiropractor	10964		Occupational Therapist	10958		Speech Pathologist	10970
	Diabetes Educator	10951		Osteopath	10966			
	Dietitian	10954	4	Physiotherapist	10960			

Referring GP's signature

Date signed 27/07/2023

27/07/2023

The AHP must provide a written report to the patient's GP after the first and last service, and more often if clinically necessary.

Allied health professionals should retain this referral form for record keeping and Medicare Australia audit purposes.

Allied health services funded by other Commonwealth or State/Territory programs are not eligible for Medicare rebates under this initiative.

This form may be downloaded from the Department of Health and Ageing website at www.health.gov.au/mbsprimarycareitems.

THIS FORM DOES NOT HAVE TO ACCOMPANY MEDICARE CLAIMS

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CHRONIC DISEASE MANAGEMENT GP MANAGEMENT PLAN & TEAM CARE ARRANGEMENTS (MBS ITEM No. 721 & 723)

Patient's Name: Mr Jesse Kyle Giles

Date of Birth: 26/08/2004

Phone: (0497405141)

Contact Details:

32 Muir Street
Manjimup 6258

Medicare or Private Health Insurance Details:

6146596698

Details of Patient's Usual GP:

Dr Jo-An Aguirre Dovaston
Unit 6, 93-101 Mottram Street
Manjimup 6258
Provider No: 5464914A

Details of Patient's Carer (if applicable):

Name:
Relationship to Patient:
Phone:

Date of last Care Plan/GP Management Plan (if done): 29/04/23

Other notes or comments relevant to the patient's Management Plan:

Gp's notes 24/07/23

Spoke to Jesse over the phone for telephone consultation (personal identity checked and consent taken).
He requested for a referral letter to see physiotherapist, had Care Plan done last year, still struggling with collar bone pain.

Reason for Telephone:

Telephone consultation
Referral to physiotherapist

Management:

Reassurance given, had a brief chat, booked in with nurse for Care Plan review or new Care Plan, with Dr. Jo on Friday, counselled, advised to continue with symptomatic management and discussed home measures.
Review PRN.
Advised to keep an eye on symptoms, he is aware of the red flags (explained in detail) and to seek medical attention (ED), if needed.

HISTORY LIST

02/12/2019	Epididymo-orchitis
21/09/2020	OCD
21/09/2020	Tension headache
22/04/2022	Costochondritis

MEDICATIONS

Doxycycline 100mg Tablet	1 Tablet Daily.
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ALLERGIES

Nil known.

CURRENT PROGRESS NOTES:

Examination:

General: 27/07/23

BMI: 21.5

Weight: 67.4kg

Height: 177cm

Pulse: 87 Regular

Temperature: 36.7 Temporal artery

Resp. rate: 17

BP (sitting): 103/62

FAMILY HISTORY

Mother: Not recorded

Father: Not recorded

SOCIAL HISTORY

Occupation: Unemployed

Alcohol:

7 drinks/day 2 days per week.

Smoking:

Non smoker

Patient's Name: Mr Jesse Kyle Giles

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)
Patient is suffering from chronic right right shoulder related to hx of fracture on right collar bone.	<p>To alleviate pain, promote comfort, prevent complications and progression of chronic condition resulting to improved physical function and well being.</p> <p>To lessen the use of pharamacological approach to pain relief and breathing discomfort.</p>	<p>Patient to have a clear understanding of the chronic disease condition, it's associated risk factors and their role in self management as per advised of GP and allied health professionals involved.</p> <p>Gp conducts intial and ongoing assessments/education regarding management of chronic disease.</p> <p>Gp develops a management plan (non-pharmacological and pharmacological approach) suitable to the needs of the patient.</p> <p>Gp refers patient to physiotherapy services to promote comfort, function and general well being.</p> <p>Gp reviews and evaluates the asesments, plan of care and interventions in place 3rd monthly or when required. Gp acquires feedback from the patient and allied health professionals involved in the care.</p> <p>Patient needs to attend and adhere to the agreed plan of care as advised by GP and allied health professionals which includes non-medicated forms of pain relief (good range of motion exercises, right nutrition/weight, adequate sleep) and the correct use of medication.</p> <p>Patient needs to identify activities that aggravate or reduce the pain and report to the health professionals involved in the plan of care. Patient must report any concerns relating to the problem and plan of care.</p>	<p>Dr. Jo-Ann Dovaston, GP</p> <p>Rebel Ward, PT</p>

Copy of GPMP offered to patient? Yes

Copy or relevant parts of the GPMP supplied to other providers? Yes

GPMP added to the patient's records? Yes

Date service was completed: 27/07/23

Proposed Review Date: 27/10/23

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

GP's Signature: x  **Date:** 27/07/2023

GP Name: Dr Jo-An Aguirre Dovaston

I give my permission for my GP to discuss my medical history/diagnosis with other service providers. I understand that referral for service can still go ahead if I do not want information about me made know to the service providers.

Patient/Carer Signature: x  **Date:** 27/07/2023

I understand the above Management Plan recommendations and agree to the outlined goals.

Any information the patient wants withheld:

Patient's Name: Mr Jesse Kyle Giles

TEAM CARE ARRANGEMENTS		
Goals - changes to be achieved	Required treatments and services including patient actions	Arrangements for treatments/services (when, who, contact details)
<p>To alleviate pain, promote comfort, prevent complications and progression of chronic condition resulting to improved physical function and well being.</p> <p>To lessen the use of pharamacological approach to pain relief and breathing discomfort.</p>	<p>Patient to have a clear understanding of the chronic disease condition, it's associated risk factors and their role in self management as per advised of GP and allied health professionals involved.</p> <p>Gp conducts intial and ongoing assessments/education regarding management of chronic disease.</p> <p>Gp develops a management plan (non-pharmacological and pharmacological approach) suitable to the needs of the patient.</p> <p>Gp refers patient to physiotherapy services to promote comfort, function and general well being.</p> <p>Gp reviews and evaluates the asesments, plan of care and interventions in place 3rd monthly or when required. Gp acquires feedback from the patient and allied health professionals involved in the care.</p> <p>Patient needs to attend and adhere to the agreed plan of care as advised by GP and allied health professionals which includes non-medicated forms of pain relief (good range of motion exercises, right nutrition/weight, adequate sleep) and the correct use of medication.</p> <p>Patient needs to identify activities that aggravate or reduce the pain and report to the health professionals involved in the plan of care. Patient must report any concerns relating to the problem and plan of care.</p>	<p>Dr. Jo-Ann Dovaston, GP</p> <p>Rebel Ward, PT</p>

Copy of TCA offered to patient? Yes

Copy or relevant parts of the TCA supplied to other providers? Yes

TCA added to the patient's records? Yes

Referral form for Medical allied health and dental care services completed? Yes

Date service was completed: 27/07/23

Proposed Review Date: 27/10/23