

CARE PLAN

GP prepares community care plan reviews care plan contributes to care plan Medical Practitioner: _____

PATIENT NAME _____ Phone number _____

DATE OF BIRTH _____

AUTHORITY TO PROCEED WITH CARE PLAN:

My GP has explained the purpose of the care plan and I give my permission to prepare a care plan and discuss my medical history and diagnosis with the members of the multi-disciplinary team. I do/do not request specific medical or other information to be withheld from other participants (noted in GP's notes). I am aware that there is a fee for the preparation of this care plan and a Medicare rebate will be payable.

Patient's signature _____ Date _____

IDENTIFY PATIENT NEEDS	GOAL	RESULTS/COMMENTS	PATIENT ACTIVITY TO ACHIEVE GOAL	PROVIDER/S
To understand and keep diabetes well controlled	- HBA1c below 7% - Reduce risk of eye/kidney or nerve damage	Date HBA1c = %	- 6 month check-up & blood test - 3-6 months (IDDM)	GP Diabetic Educator
To monitor blood sugar levels at home	- Less than 7 if fasting (ideal 4-6) - Less than 10 if random (ideal 6-8) - Reduce risk of complications such as retinopathy/hypoglycaemia	Date FBS = mmol/L Date RBS =	Check BSL if NIDDM - 1-2 x daily and 2-3 x weekly when diabetes stable - More frequently if unwell or have had change of medication	Patient
To understand dietary needs	- To keep diabetes well controlled - To understand effects of lifestyle/diet/ medication on BSL		Ensure meals are: - High in slowly absorbed carbohydrate & fibre - Low in added sugar - Low in fats (esp saturated fats) - Have a wide variety of foods	Patient Dietician
Maintain healthy body weight	- To keep diabetes well controlled - To increase overall fitness - To prevent overweight/obesity	Ht = cm Wt = BMI =	Regular exercise such as: swimming/walking/dancing Building-up to 30 mins daily	Patient Physiotherapist

	<ul style="list-style-type: none"> - BMI below 25. - Women-below 80 cm - - Men-below 94 cm 	Waist circumference =		
Regular foot examination	<ul style="list-style-type: none"> - To ensure early detection of sores/poor circulation/loss of feeling - To prevent possible complications such as leg ulcers 		<ul style="list-style-type: none"> - Examine feet daily - Wash and dry carefully - Cut toenails straight across - Wear well fitting shoes - See GP if any problems such as sores/corns/ calluses/infection 	Patient GP
Regular eye examinations	<ul style="list-style-type: none"> - To ensure early treatment of changes to retina & prevent loss of eyesight 	EYES Both = R = L =	<ul style="list-style-type: none"> - Have eyes checked at 6 mth diabetic review - See ophthalmologist every 1-2 years 	GP Ophthalmologist-
Maintain healthy blood pressure	<ul style="list-style-type: none"> - Ideal 130/85 - Prevent complications such as stroke/MI/eye & kidney damage 	BP =	Have BP checked at every visit to GP	Patient GP
Maintain normal blood lipids	<ul style="list-style-type: none"> - CHOL below 4.0 - TRIG below 2.0 - HDL above 1.0 - LDL below 2.0 - To prevent stroke/MI 	Date Chol = Trig = HDL = LDL =	<ul style="list-style-type: none"> - Have blood tests every 12mths if normal - 3-6 mthly if abnormal 	GP
Maintain kidney function	<ul style="list-style-type: none"> - Microalbumin level below 20mg/l - Alb / Creat Ratio < 2.8 - To prevent kidney damage 	Date Microalbumin = Alb / Creat Ratio = mg/mmol Date Urinalysis =	Check urine for protein (albumin) 6-12 mthly	GP
Smoking / Alcohol	<ul style="list-style-type: none"> Stop smoking No more than 2/3 alcoholic drinks 	Smoking status Alcohol	<ul style="list-style-type: none"> Nicotine Patches Avoid liqueurs Avoid sweet wines 	GP Patient

	daily		No mixers that contain sugar	
Regular medication review	Understand importance of medication & continued compliance	Medication at present	Regular check-up with GP See GP if S/E or change in BG levels	GP Nurse

PATIENT & MEDICAL PRACTITIONER AGREEMENT:

I have agreed to this plan and understand the recommendations

Patient agreement _____ Date _____ GP agreement _____ Date _____

HEALTH PROVIDERS/SERVICES:

Name: _____ Name: _____ Name: _____

Position: GP Position OPHTHALMOLOGY Position _____

Agreement obtained: _____ Agreement obtained: _____ Agreement obtained _____