

**CHRONIC DISEASE MANAGEMENT  
GP MANAGEMENT PLAN (MBS ITEM 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

Copy / relevant parts of the GPMP supplied to other providers?

YES / NO / NOT REQUIRED

GPMP added to the patient's records? YES / NO

Date service was completed: ..... Review Date:

Does the patient require and qualify for a Team Care Arrangement service? YES / NO

If 'yes' you may wish to use Form No. 723 (b) in conjunction with this Form No. 721