eastern sydney division of general practice

731 GP CONTRIBUTION TO CARE PLAN &/or 903 RESIDENT MEDICATION MANAGEMENT REVIEW MANAGEMENT PLAN

NAME OF AGED CARE FACILITY:

Resident name: Address: DOB: Age: Sex:	Medicare No: Pension No.: Record No.:	Resident's usual GP: GP signature: Date: Reviewing Pharmacist Name: *(if applicable)*

Please tick as appropriate:

❑ **731 GP's CONTRIBUTION TO MULTIDISCIPLINARY CARE PLAN** ***(minimum claiming period 3 monthly)*** **Date completed: / / Review date: / /**

❑ **903 RESIDENT MEDICATION MANAGEMENT REVIEW (RMMR)** ***(minimum claiming period 12 monthly)*** **Date completed: / / Review date: / /**

	Problem / need / reason	Goals / expected outcome	Actions / interventions
CARE PLAN	1.		
CARE PLAN	2.		
RMMR	1.		[ ] Resident Medication Education [ ] Dose Administration Aid
RMMR	2.		

Confirm resident consent obtained:	❑ Yes	**ACF Invites GP to contribute to the Residents Care Plan**	Sign⇨ ❑ Yes ……
Date plan discussed with resident/person responsible?	/ /	**Copy offered to resident/person responsible?**	❑ Yes
Date plan discussed with RACF staff?	/ /	**Copy added to residents medical records?**	❑ Yes
Date discussed with pharmacist (if RMMR)?	/ /	**Copy to residents usual GP? (if not usual GP)**	❑ Yes

If care plan contribution items are in place and have been claimed, patient may be eligible to be referred to care providers using the Medicare Allied or Dental Health forms

Web: www.health.gov.au/strengtheningmedicare