

CASE CONFERENCE

for patients with multidisciplinary care needs
(to be conducted by patient's usual GP)

Use this page to
discuss the benefits of
a case conference with
your patient and to
obtain consent

	15-29mins	30-44mins	>45mins	
case conference Items	740 <input type="checkbox"/>	742 <input type="checkbox"/>	744 <input type="checkbox"/>	GP prepares & coordinates
	759 <input type="checkbox"/>	763 <input type="checkbox"/>	765 <input type="checkbox"/>	GP contributes
discharge case conference Items	746 <input type="checkbox"/>	749 <input type="checkbox"/>	757 <input type="checkbox"/>	GP prepares & coordinates
	768 <input type="checkbox"/>	771 <input type="checkbox"/>	773 <input type="checkbox"/>	GP contributes
RACF case conference items	734 <input type="checkbox"/>	736 <input type="checkbox"/>	738 <input type="checkbox"/>	GP prepares and co-ordinates
	775 <input type="checkbox"/>	778 <input type="checkbox"/>	779 <input type="checkbox"/>	GP contributes

PATIENT NAME _____

DOB _____ Male
Female

Name & contact details of carer _____

Interpreter required? Yes No

Medical Practitioner : _____

Medical record/file No: _____ 19/03/01

CASE CONFERENCE HISTORY

Has this patient had a case conference before Yes
No

Result _____

Is the patient eligible under Veterans' Affairs Yes
No

If yes, please ensure this form is available on request from DVA _____

problem list (COMPLETE MEDICATION REVIEW SHEET SEPARATELY IF APPROPRIATE)

Principal diagnoses (chronic conditions)

Needs expressed by patient and carer or GP (medical, social, psychosocial)

HEALTH PROVIDERS / SERVICES

Current

Others likely to assist

AUTHORITY TO PROCEED WITH case conference

My GP has explained the purpose of the case conference and I give / my carer gives permission to prepare a case conference and discuss my medical history and diagnosis with the providers listed.

Note any medical or personal information patient wants withheld from others

I do / do not have any medical or other information I want withheld from other participants.

All participants to retain confidentiality.

I am aware that there is a fee for the preparation of this case conference and a Medicare rebate will be payable

Signature *date*

Appointment for my GP to discuss outcomes of the case conference with me has been set for

Date / / *time* :

CASE CONFERENCE Summary

This page to be given to patient and other team members

PATIENT NAME _____ DOB _____ Carer _____

Patient is a carer for _____

Face to face Telephone conference Other _____
 Start Time _____ Finish Time _____ Date _____

Tele conferences can be arranged by phoning Telstra Conferlink 1800 011 080 or Confertel 1800 505 075

HEALTH CARE PROVIDERS ON THIS TEAM

Care provider	Type of care	Contact No.	Report	
			Summary	Full
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

* Provider responsible for distributing report after patient has given permission

MULTIDISCIPLINARY NEEDS

Need	Goal	Task	Provider	Review Date

other checks

	Completed	Recommended	Provider	Date
Care plan	<input type="checkbox"/>	<input type="checkbox"/>		
Medication review	<input type="checkbox"/>	<input type="checkbox"/>		
Other	<input type="checkbox"/>	<input type="checkbox"/>		

PATIENT'S AGREEMENT

I have agreed / my carer has agreed to the goals and tasks arising from this case conference and I understand the recommendations.

Signed by Patient / Carer / or Verbal _____

date

Signed by GP _____

date

_____ surgery address, phone number