



ShireGPs **731 GP CONTRIBUTION/REVIEW OF CARE PLAN / or 903 RESIDENT MEDICATION MANAGEMENT REVIEW MANAGEMENT PLAN**

NAME OF AGED CARE FACILITY:

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

Please tick as appropriate:

<input type="checkbox"/> 731 GP's CONTRIBUTION TO MULTIDISCIPLINARY CARE PLAN (6 month claiming period)	Date completed: / /	Review date: / /
<input type="checkbox"/> 903 RESIDENT MEDICATION MANAGEMENT REVIEW (RMMR) (12 month claiming period)	Date completed: / /	Review date: / /

	Problem / need / reason	Goals / expected outcome	Actions / interventions
C A R E P L A N	1.		
	2.		
R M M R	1.		[] Resident Medication Education [] Dose Administration Aid
	2.		

Confirm resident consent obtained & recorded:	<input type="checkbox"/> Yes
Date plan discussed with resident/person responsible?	/ / Copy offered to resident/person responsible? <input type="checkbox"/> Yes
Date plan discussed with RACF staff?	/ / Copy added to residents medical records? <input type="checkbox"/> Yes
Date discussed with pharmacist (if RMMR)?	/ / Copy to residents usual GP? (if not usual GP) <input type="checkbox"/> Yes

After Item 731 has been claimed, resident may be eligible to access Allied Health services or Dental care providers with Medicare rebates.

SDGP MAY 2006 (REVISED AUG 2007)