

**LIFEHOUSE LIVINGROOM REFERRAL
GP MANAGEMENT PLAN (ITEM 721 and 723)**

Patient Details		Doctor Preparing Management Plan		
Mr/Ms Address: Telephone: DOB: Medicare No:		Dr: Provider No: Address: Phone: Fax:		
Medical History		Current Medications		
<input type="checkbox"/> Cancer Diagnosis----- <input type="checkbox"/> Diabetes <input type="checkbox"/> Hypercholesterolemia <input type="checkbox"/> Obesity <input type="checkbox"/> Osteoarthritis <input type="checkbox"/> Cardiovascular disease <input type="checkbox"/> Anxiety/Depression		Medication List Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Need	Goal	Action	Provider	Review Date
<input type="checkbox"/> Weight Management	Aim for appropriate BMI	Nutrition Assessment; Dietary recommendations; Structured physical activity program	<input type="checkbox"/> Dietitian <input type="checkbox"/> Exercise Physiologist	2 weeks
<input type="checkbox"/> Improve nutritional status	Aim to preserve nutritional status Aim for regular physical activity	Nutritional assessment; Dietary recommendations	<input type="checkbox"/> Dietitian	Weekly during treatment
<input type="checkbox"/> Manage side effects of treatment	Reduce adverse effects of treatment	Nutrition Assessment; Dietary recommendations; Structured physical activity program	<input type="checkbox"/> Dietitian <input type="checkbox"/> Exercise Physiologist	Weekly during treatment
<input type="checkbox"/> Joint Care/range of motion following treatment	Improve range of motion/function of joints	Structured physical activity program and range of motion exercises; Joint stability, Muscle strengthening	<input type="checkbox"/> Exercise Physiologist	3 months
<input type="checkbox"/> Improve Bone Health	Increase bone density and prevent fractures Aim for adequate calcium/vitamin D intake	Nutrition Assessment; Dietary recommendations; Structured physical activity program	<input type="checkbox"/> Dietitian <input type="checkbox"/> Exercise Physiologist	3-6 months
<input type="checkbox"/> Pain Management	Able to perform daily activities unrestricted by pain	Graded exercise therapy and pain management techniques (Analgesia if necessary)	<input type="checkbox"/> Exercise Physiology	3-6 months
<input type="checkbox"/> Other			<input type="checkbox"/> Dietitian <input type="checkbox"/> Exercise Physiologist	

Comments:

HEALTH PROVIDERS/SERVICES:

Care Provider	Category of Care	Provider number
Michael Marthick	Exercise Physiologist	2901254Y
Dr Kellie Bilinski	Dietitian-Nutritionist	4006004K

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PATIENT'S AGREEMENT:

I have agreed to this team care arrangement and I give my consent that my GP may provide a copy of this TCA to other providers involved in my care.

Patient Signature or Verbal _____ Date: _____

Signed by GP: _____ Date: _____

Please forward this form to the LivingRoom at Chris O'Brien Lifehouse by:

Email: livingroom@lh.org.au

Fax:

Postal Address: The LivingRoom

PO Box M33

Missenden Road NSW 2050