

Aged Care GP Panel Initiative GP Contact Form

GP Name :	Visit Preference Days : please circle.
Clinic :	Mon Tues Wed Thurs Fri Sat Sun
Address :	Anticipated Time(s) :
Phone : Fax :	Am : Pm :
Email :	Weekly Fortnightly Monthly

Your preferred methods of communication in the event that patient ,

_____ becomes acutely unwell.

<input type="checkbox"/> Routine	<input type="checkbox"/> Urgent	<input type="checkbox"/> Emergency ie. CALL Ambulance
<input type="checkbox"/> Phone my practice and be put through to me ASAP	<input type="checkbox"/> Email Me	<input type="checkbox"/> Fax my Practice

After Hours arrangements are: Contact GP on Mobile <input type="checkbox"/> Contact on call GP at Practice <input type="checkbox"/>	
After Hours Phone No.:	After Hours Mobile No.:
A/H Arrangement Instructions:	
In the event of me not being contactable eg. Holidays. Care for my patient will be provided by:	
GP Name:	Contact Number:
Locum Service:	

Personal preferences:

Notification on rewriting Medication Charts	
I perform CMAs on my patient	YES NO
I would like to be reminded when the anniversary date of the CMA is due?	YES NO
I am happy to Participate in Case Conferences YES / NO / Organised by GP / Organised by RACF	

Case Conference: Eligibility: Must involve at least 2 other health care providers and the residents GP					
Time in RACF	15-30 min	Item 734	30-45min	Item 736	>45min Item 738
Participate in a Case Conference:					
Time in RACF	15-30 min	Item 775	30-45min	Item 778	>45min Item 779

* If the service is bulk-billed, the GP is able to claim the \$6.20 item 10990 or \$9.40 item 10991 bulk-billing incentive for eligible patients.

Comments :

Signed By: _____

GP Name: _____ Date: _____