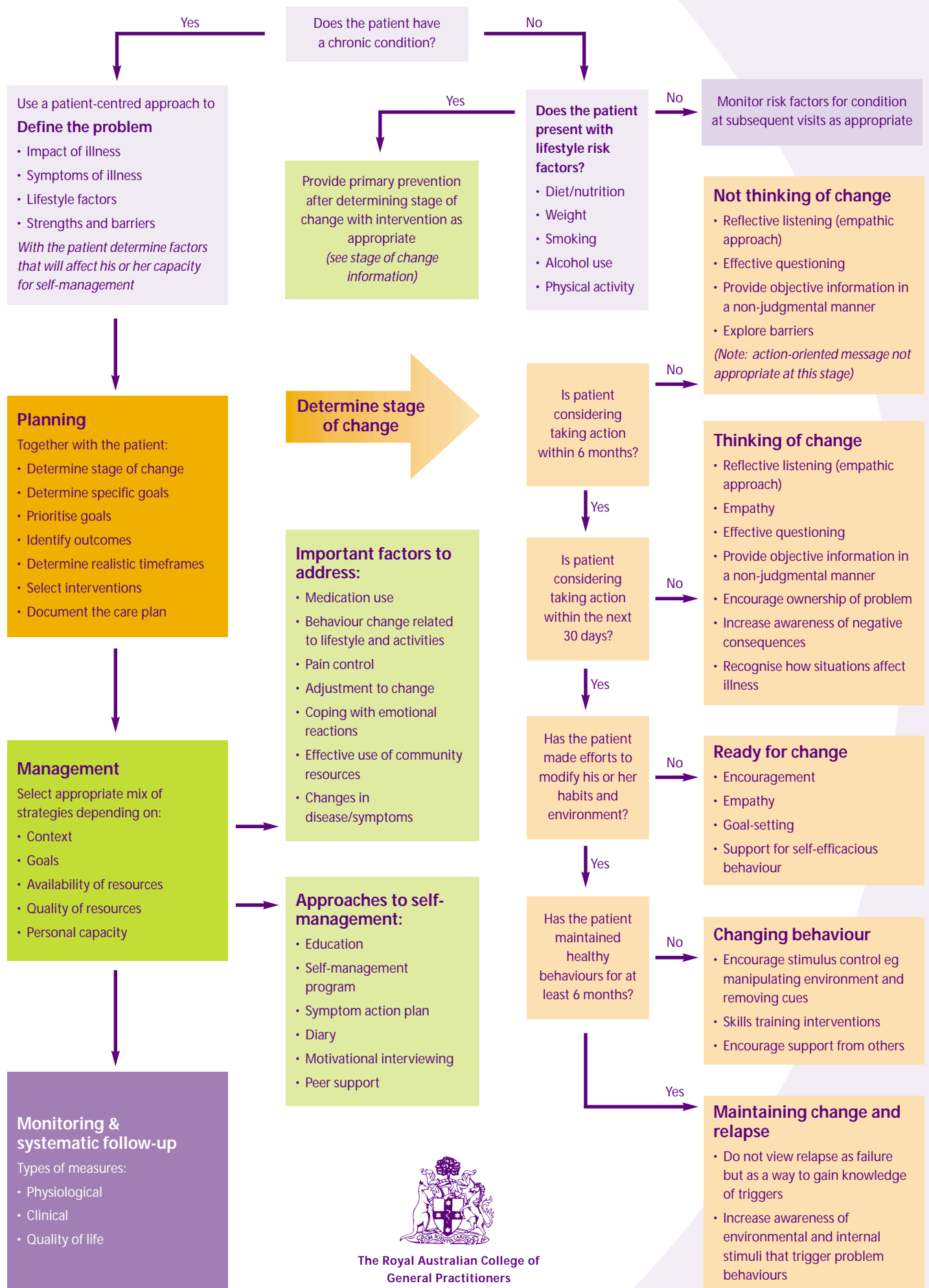


Desktop guide for General Practitioners



The Royal Australian College of General Practitioners

Sharing Health Care Sample Care Plan

GP prepares community care plan 720 Reviews care plan 724 **Contributes** to care plan 726

Patient Name: _____ Existing Care Plan Y / N Care Plan review Date: _____

Authority to proceed with care plan: My GP has explained the purpose of the care plan and I give my permission to prepare a care plan and discuss my medical history and diagnosis with the members of a multidisciplinary team. I do/do not request specific medical or other information to be withheld from other participants (noted in GP notes). I am aware that there is a fee for the preparation of this care plan and a Medicare rebate will be payable.

Patient Signature _____

This sample care plan relates to the case study used in the practical guide.

Surgery Address / Stamp

Things that affect my health	My goals	What can I do to improve my health?	Who can do this?
<p>Impact of illness (Feelings, ideas, function, expectations)</p> <ul style="list-style-type: none"> • Difficulty getting around (mobility) • Difficulty with gardening and golf • Unhappiness because he is feeling isolated and not very mobile 	<ul style="list-style-type: none"> • To be able to play nine holes of golf within two months • Maintain watering and weeding of front garden and potplants • Visit grandchildren weekly 	<ul style="list-style-type: none"> • Cease smoking • Attend social functions at golf club • Garden within pain and fatigue limits 3-5 times a week 	<ul style="list-style-type: none"> • Patient • Patient • GP, nurse, patient
<p>Symptoms of illness (eg pain, shortness of breath, objective measures)</p> <ul style="list-style-type: none"> • Shortness of breath (dyspnoea) • Asthma as per symptom diary • Pain (generalised) and acute in left hip • Overweight • Tiredness 	<ul style="list-style-type: none"> • To be able to walk for 30 minutes without shortness of breath within next month • Use medications as indicated on asthma symptom action plan • Reduce pain in left hip to an average of 2/10 in one month • Reduce weight by 2kg in one month • Maintain BP and BSL within normal limits (monitor IGT) 	<ul style="list-style-type: none"> • Cease smoking • Refer to physiotherapist • Refer to community walking/exercise group • Refer to dietician for weight loss and healthy diet information • GP/clinic nurse to monitor BP and BSL 3 monthly • Provide information related to diabetes, diet and physical activity 	<ul style="list-style-type: none"> • Patient • GP/nurse • Physiotherapist • GP/nurse/physiotherapist/community exercise group • GP/nurse • Dietician
<p>Lifestyle factors (diet/nutrition, weight, smoking, stress, physical activity)</p> <ul style="list-style-type: none"> • Smoker • Reduced physical activity due to pain and tiredness • Reduced awareness of healthy eating habits 	<ul style="list-style-type: none"> • Stop smoking in one month • Physical activity (walking) for 15-30 minutes per day, 3-5 days a week within one month 	<ul style="list-style-type: none"> • Walk to beach 3-5 times a week • Nicotine replacement therapy • Monthly GP support 	<ul style="list-style-type: none"> • Patient • Patient • GP
<p>Capacity to self-manage (ie self-efficacy, motivation, knowledge, health beliefs)</p> <ul style="list-style-type: none"> • Lacks confidence • Motivated and family supportive (non-smokers) • Knowledge of symptom action plan for asthma 	<ul style="list-style-type: none"> • To be able to take one day at a time • To improve my confidence in meeting the necessary lifestyle changes 	<ul style="list-style-type: none"> • Reinforce successes on a daily basis • Family to support and encourage patient 	<ul style="list-style-type: none"> • Patient • Family/friends

Sharing Health Care - Care Plan Copy to patient Y / N

Copy to Team Members Y / N

Health Care Providers/Services: Names and contact details: _____