

CASE CONFERENCE

For patients with multidisciplinary care needs
(attended by patient's usual GP)

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

	15-29 mins	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"/>	762 <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

PATIENT NAME _____

DOB _____ Male/Female

Name & Contact
Details of carer _____

Interpreter required? Y / N

Medical Practitioner

Medical record/file No. _____ / _____ / _____

CASE CONFERENCE HISTORY

Has this patient had a case conference before Y / N If yes, by Whom _____

Result: _____

Is the patient eligible under Veterans' Affairs Y / N 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)
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HEALTH PROVIDERS / SERVICES

Current	Others likely to assist
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AUTHORITY TO PROCEED with case conference

<p>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.</p> <p>I do / do not have any medical or other information I want withheld from other participants.</p> <p>All participants to retain confidentiality</p> <p>I am aware that there is a fee for the preparation of this case conference and a Medicare rebate will be payable.</p> <p>Appointment for my GP to discuss outcomes of the case conference With me has been set for</p>	<p>Note any medical or personal information patient wants withheld from others</p> <p>_____</p> <p>Signature: _____ Date: _____</p> <p>Date: _____ Time: _____</p>
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