

CARE PLAN REVIEW (Minimum 3 Monthly)

MBS Item No 724 _____

(This item can be claimed if any of the MBS Item Nos 720-728 have been previously completed)

Provider Name _____	eProvider No _____
Patient Name _____	Patient ID No _____
Date _____	

CHECKLIST

- | | | |
|--|------------------------------|-----------------------------|
| Patient consent for review of care plan? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Patient informed of Medicare charges? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| No information withheld? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Original Care Plan Reviewed | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Original Goals (Outcomes) Reviewed | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Consult with multidisciplinary team about care arrangements | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Discussion held with patient about current care arrangements | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

CARE PLAN REVIEW (Care Plan No _____)

Contact Codes:	Email: EC	Teleconference: TC
	Letter: LC	Meeting in Person: F2F
	Fax: FC	Consulted: C

Provider	Name	Date	Contact Code	Comments

NEW CARE PLAN

- | | | |
|---|------------------------------|-----------------------------|
| Continue current Care Plan OR | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| If new plan needed, complete Care Plan (Form 4) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Patient consent for new Care Plan & Prescription | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Patient given copy of new Preventive Health Prescription | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Patient given copy of new Care Plan Consent & Prescription Form | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

//my carer have/has agreed to this Care Plan and understand/s the recommendations.

Date

Signed by Patient/Carer/Verbal _____ / ____ / ____