

# Hepatitis C Care Plan

GP Management Plan (MBS item 721) and Team Care Arrangement where applicable (MBS item 723) - refer to [www.mbsonline.gov.au](http://www.mbsonline.gov.au)  
**Health professionals:** for assistance with preparation of the GPMP and/or TCA, contact [gillian.cass@nwmphn.org.au](mailto:gillian.cass@nwmphn.org.au) or (03) 9347 1188.

<b>Patient name:</b>	
Patient Date of Birth:	Usual GP:
Medicare and/or private health insurance:	Practice name:
Patient address:	Practice address:
Patient phone:	Practice phone:
<b>Carer name (if applicable):</b>	
Carer name (if applicable):	Carer phone:
If the patient has a previous or existing plan, when was it prepared and what were the outcomes?	Notes or comments relevant to the patient's care planning:
<b>Medications:</b>	<b>Allergies:</b>

Copy of plan offered to patient.       Copy / relevant parts of the plan supplied to other providers (as required).       Copy of plan added to the patient's records.

Referral forms for Medicare allied health completed – if relevant. [For referral forms call 1800 067 307 or go to [www.health.gov.au/mbprimarycareitems](http://www.health.gov.au/mbprimarycareitems)]

Date service was completed: .....      Review Date: .....

Name: .....

Date: .....

My GP has explained the steps and costs involved and I have agreed to proceed with the service. I have also agreed to the involvement of other health providers and to share clinical information unless specified below:

.....

<b>My Care Plan</b> (GP Management Plan & Team Care Arrangement)		
<b>My problems / needs / concern / issue</b>	<b>My goals</b> ( <i>what's important to me</i> )	<b>My proposed actions</b>

<b>Who Will Help Me?</b>			
<b>Who</b>	<b>Details</b>	<b>How will they help me?</b>	<b>Appointment Date &amp; Time</b>

## EXAMPLE ONLY

### My Care Plan

(GP Management Plan & Team Care Arrangement)

My problems / needs / concern / issue	My goals <i>(what's important to me)</i>	My proposed actions
<p><b>I need to take medication every day to cure hepatitis C.</b>  <b>I need to have some tests throughout my hepatitis C treatment.</b></p>	<p>I want to be able to work and live without having to worry about hepatitis C.            I want to get rid of the disease and be cured.            I want to make sure I am healthy during my hepatitis C treatment.</p>	<p>I will set a reminder on my phone and I will stick a note on my fridge/coffee maker so I am reminded about my medications when I eat my breakfast.            I will make sure I have reminders of my appointments for other tests.</p>
<p><b>I drink alcohol / I inject drugs / I smoke cigarettes.</b></p>	<p>I would like to cut back on the alcohol I drink so I can look after my liver and health better / I will have clean 'fits' around for when I use drugs so that I don't get hepatitis C again or pass it on to anyone else /            I want to save the money I spend on cigarettes or drugs.</p>	<p>I will only have ... drinks a day instead of .... / I will replace ... drinks a day with a soda with lime / I will go to my local Needle and Syringe Program or pharmacy (specify site) to stock up on 'fits' every ...days/weeks / I will set a reminder in my phone so that I remember to collect the injecting equipment I need /            I will try to make a pack of cigarettes last longer and smoke less each day.</p>
<p><b>I want to be more fit / exercise more / lose weight.</b></p>	<p>I want to be able to keep up at work / spend time with the family / play more sport again.</p>	<p>I will walk the dog every day / I will walk 2,4 or 6 blocks a day around my house / I will talk to the dietician.</p>

### Who Will Help Me?

Who	Details	How will they help me?	Appointment Date & Time
GP	Dr... (03) xxxx xxxx	They will check how my treatment is going, arrange blood tests and write scripts. The office will ring to remind me to come in for repeat scripts and tests.	
Mental health worker (e.g. Counsellor, Mental Health Nurse, Psychologist, Case Coordinator)	Mr/Ms... (03) xxxx xxxx Or 04xx xxx xxx (emergencies only)	They will help with my mental health care and what to do when I am feeling ....	
Needle and Syringe Program (NSP)	Mr/Ms... (03) xxxx xxxx	I will go there to collect 'fit packs' and clean injecting equipment every ....	
Dietician	Mr/Ms... (03) xxxx xxxx	They will help me get organised with food and nutrition, and help me learn to prepare healthy meals for myself.	
Hepatitis Victoria	Infoline (03) xxxx xxxx	They will be able to answer any questions I have about hepatitis and treatment, and can link me with peer support and more information.	