Multidisciplinary Case Conference

Whitehorse Division of
General Practice
Tel: 9894 3755
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	15-29mins	30-44mins	>45mins	
Case Conference items	740	742	744	*GP **coordinates***
	759	762	765	*GP contributes*
Discharge Case items	746	749	757	*GP **coordinates***
	768	771	773	*GP contributes*
In Residential Aged Care Facility	734	736	738	*GP **coordinates***
	775	778	779	*GP contributes*

Patient Details	**Carer/Family Details**

Is patient eligible for Veteran Affairs? NO ☐ YES ☐ Copy to be made available to DVA if requested
Has case conference been conducted in the past for this patient?
NO ☐ YES ☐ If so, by whom?……..

Multidisciplinary Care Plan undertaken on / / by : Dr

Location ……
Face to Face ☐ By Teleconference ☐
(Genesys Conferencing 1800 505 075 orTelstra Conferlink 1800 011 080 to arrange)

Start time: …… Finish time: ……

CURRENT MEDICAL STATUS

(INCLUDING PRINCIPAL DIAGNOSIS AND MEDICATIONS)

OTHER HEALTH PROBLEMS/NEEDS

(INCLUDING NEEDS OF PATIENT AND CARER / FAMILY)

Patient agreement for Case Conference to Proceed

My GP has explained the purpose of this case conference and I/my carer give permission for case conference to proceed and for my medical history/diagnosis to be discussed by participants listed. I have outlined any medical or personal information I wish to be withheld from other case conference participants. All information will be confidential.

Signature …… Date: ……

CASE CONFERENCE PARTICIPANTS (Min. of 3 including GP. At least 1 non-medical provider)		
Name of service provider	Care provided to client	Contact Details
1. **GP Details**		
2.		
3.		
4.		
5.		

CASE CONFERENCE NOTES/DISCUSSION:
(INCLUDING MEDICAL PROBLEMS AND CURRENT ISSUES)

Case Conference Summary and Participant Responsibilities			
Current Health Problem/Need	Goal	Planned Actions/Tasks	Service Provider Responsible
1.			
2.			
3.			
4.			
5.			
6.			

Patient agreement to Case Conference Goals

I understand the above case conference recommendations and agree to the outlined goals.

Patient Signature……Date:

GP Signature ……..Date:

Further Case Conference Required NO ☐ YES ☐ If so, when? (date) ……..

Case Conference Summary forwarded to patient and participants on: (date) ……