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14 team care arrangements v2.0

Team care arrangements	(Affix identification label here) URN:					
Queensland (TCA)	Family name:					
Medicare Item No. 723	Given name(s):					
	Address:					
Facility:	Date of birth: Sex: M F I					
Health problems and relevant conditions Agreed management goals with collaborating	ng provider					
1.						
2.						
Actions to be taken by the patient						
3.						
Collaborating provider arrangements to pro-	ovide treatment and services to the patient (when, who, contact details)					
4.	(,					
Copy of plan provided to patient? Patient signature: Yes No	Date: Pecall and review date due: Medicare Item No. 721 claimed? Yes No					
Date: Doctors name (please print):	Doctors signature:					
I have outlined who and how other providers will assist the patient with their chronic coniditon and they have agreed to proceed with this service?						



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	(Affix identification label here)		
Team care arrangements (TCA) Medicare Item No. 723	URN:		
	Family name:		
	Given name(s):		
	Address:		
	Date of birth:	Sex: M F I	

				Address:	
Facility:				Date of birth:	Sex: M F I
Health problems and relevant conditions	Agreed management g	goals with collaborating	g provider		
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2.					
	Actions to be taken by	y the patient			
3.					
	Collaborating provide	er arrangements to prov	vide treatment and service	es to the patient (when, who, contac	rt details)
4.	conaborating provider	arrangements to prov	nde treatment and service	so to the patient (when, who, contac	st details)
'					
Copy of plan provided to patient? Patien Yes No	nt signature:		Date: / /	Recall and review date due:	Medicare Item No. 721 claimed?
Date: Doctors name (please print):		Doctors signature:			
1 1					
have explained the steps involved with this care plan and the client has agreed to proceed with this service?					