DO NOT WRITE IN THIS BINDING MARGIN



14_team_care_arrangements_v2.0

Queensland Government

# Team care arrangements (TCA)

## Medicare Item No. 723

Facility: _____

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth: Sex: ☐ M ☐ F ☐ I

| Health problems and relevant conditions | Agreed management goals with collaborating provider |
|---|---|
| 1. | |
| | |
| | |
| | |
| 2. | |
| | **Actions to be taken by the patient** |
| | |
| | |
| 3. | |
| | |
| | |
| | **Collaborating provider arrangements to provide treatment and services to the patient (when, who, contact details)** |
| 4. | |
| | |
| | |
| | |
| | |

Copy of plan provided to patient? ☐ Yes ☐ No

Patient signature:

Date: / /

Recall 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? ☐ Yes ☐ No



TEAM CARE ARRANGEMENTS

Queensland Government

# Team care arrangements (TCA)

## Medicare Item No. 723

Facility: _____

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth: Sex: ☐ M ☐ F ☐ I

| Health problems and relevant conditions | Agreed management goals with collaborating provider |
|---|---|
| 1 | |
| | |
| | |
| | |
| 2. | |
| | **Actions to be taken by the patient** |
| | |
| | |
| 3. | |
| | |
| | |
| | **Collaborating provider arrangements to provide treatment and services to the patient (when, who, contact details)** |
| 4. | |
| | |
| | |
| | |
| | |

| Copy of plan provided to patient? | Patient signature: | Date: | Recall and review date due: | Medicare Item No. 721 claimed? |
|---|---|---|---|---|
| ☐ Yes ☐ No | | / / | / / | ☐ Yes ☐ No |

| Date: | Doctors name (please print): | Doctors signature: |
|---|---|---|
| / / | | |

I have explained the steps involved with this care plan and the client has agreed to proceed with this service? ☐ Yes ☐ No