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: _____

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Health problems and relevant conditions	Agreed management goals with collaborating provider
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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