

Medical Clinic
GP Management Plan (EPILEPSY) & TCA option

Patient's Name:
Contact Details:
Phone:
Address: Patient Demographics.Full Address

Date of Birth:
Occupation:
Private Health Insurance Details:
M/Card:

Details of GP:
Treating Doctor.Name
Treating Doctor.Provider Number

Details of Patient's Carer (if applicable):
Name:
Relationship:
Phone:

The steps and costs of the GPMP have been explained to the patient and agreement obtained.

The patient agrees to confidential sharing of the medical history with other service providers if appropriate

GP signature.....

MEDICAL HISTORY

Clinical Details.Problem List (Current)

FAMILY HISTORY

Clinical Details.Family History

MEASURES AND RESULTS

Extra Clinical Data.Measures

AUSTRALIAN CARDIOVASCULAR RISK CALCULATION

MEDICATIONS

Clinical Details.Medication List

IMMUNISATIONS

Clinical Details.Immunisation List

ALLERGIES

Clinical Details.Allergies

SMOKING

Clinical Details.Smoking

NUTRITION

ALCOHOL

Clinical Details.Alcohol (Summary)

PHYSICAL EXERCISE

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OVERVIEW OF SEIZURES / EPILEPSY

Reports on file

EEG (or specialist comment on EEG)	date
CT (or specialist comment on CT)	date
MRI (or specialists comment on MRI)	date
Specialist assessment of the epilepsy	date
Other significant information	date

Where known, brief summary of:

Family history	
onset	
Cause if known	
Seizure type/s, frequency	
Periods of sz freedom	
Time since last seizure	
Current specific diagnosis	
Prior AEDs / reason for stopping	

Discuss and agree patient management goals and actions. These might include:

- Optimum seizure control, and reduction of risk factors**
- Successful self-management with good general health and quality of life**
- Continuity of care with one GP, if possible, and perhaps an annual specialist review**
- Agreement to join epilepsy register for recalls and follow up**
- Discussion with an epilepsy educator**
- Other**

Issues for consideration

Comments if required

Patient understanding of condition	
AEDs, side effects, interactions	
Driving	
Lifestyle / Risk & triggers	
First Aid	
Mood	
Bone Health	
Social / Employment issues	
Epilepsy Action Plan if needed	
Women's issues	
Contraception	
Planning pregnancy	
Folic acid	
Polycystic Ovary Syndrome	

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Investigations, treatment and services for epilepsy and general health

(Note: some epilepsy specialists provide telehealth option for rural patients)

Referrals if required	Provider	Referral forms part of TCA item 723	
		YES	NO

(Home or Residential Medication reviews (item 900 /903) do not qualify for item 723)

Is a Home Medication Review (Item 900) or a Residential Medication Review (Item 903) appropriate?

Consider patients at risk of medication-related problems due to age, co-morbidities, or social circumstances, the characteristics of the medication or the complexity of the treatment regimen, recent discharge for hospital with multiple changes to meds, non-compliance or difficulties managing medication.

Any other comments?

Proposed Review Date: in 3 full calendar months or note specific date here.....

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