

NCACCH

North Coast Aboriginal Corporation for Community Health

CHRONIC DISEASE MANAGEMENT PROGRAM (CDMP)

GP STATUS FORM

NCACCH is seeking to gather information about Aboriginal and/or Torres Strait Islander clients participating in the CDMP. This information will assist the Health Advocate and NCACCH with monitoring the client's health status.

Complete and/or attach reports relevant to client's chronic condition at time of consult and send back to NCACCH on 5335 1272 (fax) or adminsupport@ncacch.org.au

Client Name: _____

GP Name: _____

Practice Name: _____

Date: _____

Client's Chronic Condition:

- Diabetes Type 1 Type 2 Cardiovascular Respiratory (including sleep apnea)
 Cancer Renal Condition Other: _____

GP/ Practice Nurse to complete:

Please complete below sections that are applicable to client's chronic conditions:

Height:	Weight:	BMI:	Waist measurement:
Blood Pressure:	Pulse:		
HbA1c: %	eGFR: ml/min	ACR: mg/mmol	
Total Cholesterol (TC): mmol/L	LDL Cholesterol: mmol/L	HDL Cholesterol: mmol/L	Triglycerides (TG): mmol/L
Oxygen saturations (SpO2): %	FEV1: %	FEV1/FVC Ratio: %	Quit Smoking Education: Y / N

Flu Vaccine:	Y / N	If yes, date:
Pneummo Vaccine:	Y / N	If yes, date:
Full Adult/Child Health Check (715)	Y / N	If yes, date: