



**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, Health Worker 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 [cdmpsupport@ncacch.org.au](mailto:cdmpsupport@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

<b>Flu Vaccine:</b>	Y / N	If yes, date:
<b>Pneumovax:</b>	Y / N	If yes, date:
<b>Full Adult/Child Health Check (715)</b>	Y / N	If yes, date: