



Coordinated Veterans' Care Program Community Nursing LMO/GP Feedback

Contact Information

Gold Card Holder:

1: DVA File Number

2: Date of Birth /

3: Title Mr Mrs Miss Ms Other

4: Full name

Community Nurse Details:

5: Provider Organisation

6: Community Nurse full name

7: Contact numbers Telephone number Fax

LMO/GP Details:

8: LMO/GP full name

Nursing Treatment/Care Plan

Please use additional space on page 3 or a separate sheet if information does not fit in the space provided.

Please list personal actions and goals agreed to by entitled person. Please list support and clinical nature of Community Nurse Care Coordination as per Attachment E of the DVA Guidelines for the provision of community nursing services.

	Entitled Person		Community Nurse Activities	
	Actions	Goal(s)	Support	Clinical
<p>9: Psychosocial Support <input type="checkbox"/> No <input type="checkbox"/> Yes</p>				
<p>10: Chronic Disease <input type="checkbox"/> No · Education <input type="checkbox"/> Yes · Support <input type="checkbox"/> Yes · Coaching</p>				
<p>11: Vital signs/ Observations with reportable levels and results <input type="checkbox"/> No <input type="checkbox"/> Yes</p>				

12: Blood glucose monitoring and results No
 Yes

16: Pain Monitoring No
 Yes

13: Medication Monitoring No
 Yes

Entitled Person		Community Nurse Activities	
Actions	Goal(s)	Support	Clinical

13b: Do you require an additional Medication list from the LMO/GP? No Yes

17: Liaison with other health care professionals No
 Yes

18: Intervention/s No
 Yes

Health Professional	Outcome
Interventions	Outcome

15: Carer Support No
 Yes

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19: Review and Renewal Periods

Next 28 day review date:

Next Quarterly review date:

Next annual GPMP reveral date:

20: Were there any Clinical Care changes in this period?

No - continue to next page
 Yes - complete below ▼

Clinical Care changes: Period Start Period Start

Reason for change (e.g. palliative care, admission to hospital etc)

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21: Additional Information

Question Number

Question Number

Question Number

Question Number

Question Number

Question Number

Entitled Person		Community Nurse Activities	
Actions	Goal(s)	Support	Clinical

21: Additional Feedback for LMO/GP

Signature

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Printed name:
