

# GPSC Patient Conferencing Fees 14015/14016/14017

Date: \_\_\_\_\_

Start/Stop Time of Service: \_\_\_\_\_ Unit(s)<sup>1</sup> \_\_\_\_\_

Family Members Involved: \_\_\_\_\_

\_\_\_\_\_

Other Health Professionals & their role in provision of care:

\_\_\_\_\_

\_\_\_\_\_

Requirement for Facility/Community Patient Conference/Care Plan:

Frail Elderly / Palliative or End of Life / Mental illness / Complex

Risks/Problems (list of co-morbidities/safety risks):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Prioritized Interventions/Referrals/Follow-ups<sup>2</sup> (Patient Goals for Treatment):

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

Planned Date of Follow-up: \_\_\_\_\_

1. \$40/unit; 1 unit = 15 minutes; 6 unit maximum/year; 4 unit maximum/day

2. Follow-ups should include timelines/contact information