45 – 49 r old Health Assessment

A once only health assessment is available for people aged 45-49 years who are at risk of developing a chronic disease. You will be bulk billed for this service. The nurse and GP will collect health information, conduct an examination of your medical, physical, psychological and social conditions, initiate interventions and/or referrals, and provide you with a comprehensive preventative health care management plan. Please see our administration team to arrange an appointment.

75 year old Health Assessment

An annual health assessment is available for people aged 75 and over who are at risk of developing a chronic disease. You will be bulk billed for this service.
Your medical, physical, and social needs will be considered. Once you have seen the nurse, you will briefly see your GP to run through a clinical examination and complete the health assessment.

Indigenous Health Assessment

A health assessment is available every 9 months for all Aboriginal and Torres Strait Islander patients, regardless of age. All your health needs will be considered to make sure you have good health. You will see the nurse, and then the GP to complete the health assessment.

We can also register you for the Closing the Gap program.
Please see our administration team to arrange an appointment.

Our Health Services

- Diabetic Educator
- Dietitian
- Podiatrist
- Physiotherapist
- Psychologist
- Audiologist
- Child Health Nurse
- Women's Wellness
- Chronic Disease Management
- Childhood Immunization
- Indigenous health
- Skin care checks
- Asthma care
- Diabetic care
- 75 yr old Driver medicals
- Commercial driver medicals
- ECG
- Implanon
- Lung Function tests
- Workcover
- Insurance medicals
- DVA CVC Program

Other Emergency Contacts

- Police, Fire, Ambulance 000
- GP 24-hour hotline 1800 022 222
- Registered Nurse call 1343 2584. 6.30am – 11pm 7 days pw
- Child health advice/breastfeeding support, call 1343 2584, ask for the child health nurse.
- 6.30am – 11.00pm 7 days pw.
- Cubcare.com.au 4.00pm – 10.00pm every day for free video consults with paediatric emergency physicians for children aged 0 – 6yrs.

For all other urgent medical care please attend Toowoomba or Warwick hospitals.

Clifton Medical Practice

Care planning and Chronic Disease Management

20 Norman Street, Clifton
Queensland, 4361
Ph: 4697-3097, Fax: 4612-3187
Email: mp@cliftonhospital.org
Web:Cliftonmedicalpractice.org.au

Clifton Community Health Service

Practice Hours

By appointment only
Monday – Friday
8.00am – 5.00pm
Friday 8.00 – 5.00pm
Closed weekends and public holidays

GP MANAGEMENT PLAN / CARE PLAN

What is a GP management/care plan?

A Care Plan or a GP Management plan involves your GP and Practice Nurse, who, with your assistance, form a written plan of management outlining your care for any chronic disease you may have. A comprehensive written plan must be prepared describing:

- Your health care needs, health problems and relevant conditions,
- Management goals with which you agree,
- Actions to be taken by yourself,
- Treatment & services that you are likely to need,
- Arrangements for providing this treatment and these services, and
- Arrangements to review the plan by a date specified in the plan.

Who would benefit from a care plan?

Anyone who is living in the community who has a long term /chronic medical condition that lasts longer than 6 months, would benefit from a care plan.

Chronic Health conditions such as:

Asthma
COPD lung Disease
Diabetes
Heart Disease
Arthritis/Osteo/Rheumatoid problems
Cancer
Childhood Disability
Epilepsy
Depression/Mental Health
Some conditions may not be covered. Your GP or Nurse will advise you.

What happens?

Your medical, physical, and social needs will all be considered. Some of the planning may be done with your nurse by phone if this is convenient for you.
Once the Care Plan has been developed by the Nurse, you will then briefly see your doctor to discuss the plan, goals and recommendations. You will also be given a copy of the plan.

How long will it take?

The Care Plan/ Management Plan will take approximately 30-45 minutes of your time.

How often can a Care Plan/Management Plan be done?

Care Plans can be done every year. Once a plan is place you will need to be reviewed by your GP /Nurse every six months, unless your circumstances change significantly, requiring an earlier review.

TEAM CARE ARRANGEMENT (TCA)

If you would benefit from other health care providers or allied health workers being involved to provide services education and advice, your Nurse/ Doctor will recommend a Team Care Arrangement.

With your consent the GP or Nurse will ask the relevant people to form a team, to work in with the Care Plan that works to improve your health.

Is there a cost?

All Care Plans and Team Care Arrangements prepared by your GP are covered by Medicare.

Only your care plan can be billed to Medicare on the day. If you have other health issues you wish to discuss or need a prescription, you will need to make another appointment on another day.

Medicare benefits may be paid for up to 5 services per calendar year, provided by private Allied Health Professionals.

The full cost may not be covered by Medicare, and in most instances, there will be a gap payment. Please check with your Allied Health provider.

Your doctor will provide you with a form called an Enhanced Primary Care (EPC) form to take to your preferred allied health provider for the allocated visits.

Which allied health professionals offer Medicare rebates?

Physiotherapists
Podiatrists
Occupational Therapist
Speech Pathologist
Diabetic Educator
Dietitians
Exercise Physiotherapists
Mental health workers & Psychologists
Osteopaths
Audiologist
Chiropodist