# T4.3.b Patient selection checklist

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| Patient name: |  |
| Age: |  |
| Chronic health condition/s: |  |

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| **WoSSP patient selection criteria** | | **Tick if Yes** |
| **Initial patient selection information** *(taken from patient spreadsheet)* | | |
| 1. Goes to a GP from one of the medical centres involved in the WoSSP program | |  |
| 1. Has the capacity/reliability to participate in the WoSSP program  (i.e. is likely to attend the GP appointment as scheduled) | |  |
| 1. Lives in local suburb/township | |  |
| 1. Off- site work risk assessment completed | |  |
| 1. Patient is suitable for students to work with | |  |
| **Phone call to patient** *(made by care coordination team leader or WoSSP clinical educator)* | | |
| 1. WoSSP program explained | |  |
| 1. Verbal consent gained from patient to participate in the WoSSP program | |  |
| 1. Verbal consent noted in patient medical record | |  |
| 1. Will be available to participate in the WoSSP program (i.e. not on holidays etc.) | |  |
| **GP consultation** *(using wave model)* | | |
| 1. Phone call or email to general practice manager to state patients identified for WoSSP | |  |
| 1. Confirmation received that GP is happy to participate | |  |
| 1. One hour GP patient appointment made for:   [Patient name] [Appointment date and time] | | |
| 1. Patient sent letter with appointment time & WoSSP information brochure | |  |
| 1. Does patient require a follow up call? | |  |
| 1. Patient health summary prepared | |  |
| 1. Patient consent for health information sharing | |  |
| **Staff name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Date:** | \_\_\_\_\_\_\_\_\_ |
| **Patient withdrawal *(if applicable):***  **The patient contacted [insert staff member name] to withdraw from WoSSP program.** | | |
| **Reason** *(if given):* | | |