# 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
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| 1. Has the capacity/reliability to participate in the WoSSP program (i.e. is likely to attend the GP appointment as scheduled)
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| 1. Lives in local suburb/township
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| 1. Off- site work risk assessment completed
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| 1. Patient is suitable for students to work with
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| **Phone call to patient** *(made by care coordination team leader or WoSSP clinical educator)* |
| 1. WoSSP program explained
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| 1. Verbal consent gained from patient to participate in the WoSSP program
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| 1. Verbal consent noted in patient medical record
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| 1. Will be available to participate in the WoSSP program (i.e. not on holidays etc.)
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| **GP consultation** *(using wave model)* |
| 1. Phone call or email to general practice manager to state patients identified for WoSSP
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| 1. Confirmation received that GP is happy to participate
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| 1. One hour GP patient appointment made for:

[Patient name] [Appointment date and time] |
| 1. Patient sent letter with appointment time & WoSSP information brochure
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| 1. Does patient require a follow up call?
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| 1. Patient health summary prepared
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| 1. Patient consent for health information sharing
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| **Staff name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Date:** | \_\_\_\_\_\_\_\_\_ |
| **Patient withdrawal *(if applicable):*****The patient contacted [insert staff member name] to withdraw from WoSSP program.** |
| **Reason** *(if given):* |