



## Bridgetown Medical

Partners on Your Health Journey

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Dr WM (Mick) Dewing  
MBBS DRCOG FRACGP

Dr Sarah Youngson  
MBBS (HONS) DCH  
FRACGP Grad Cert RRM

Dr Bahareh Varposhti  
MBBS ALS

Dr Michael Hoar  
MBBS FRACGP

Dr Phillip De Ronchi  
MBBS, BA, Dip App  
Hyp, BA (Psych)

Dr Saya Marand  
Doctor of Medicine

Dr Gurpreet Singh  
MBBS FRACGP

Dr Robyn McIntyre  
MBBS, FRACGP

Dr Paul Griffiths  
MBBS, FRACGP-RG,  
Dip-RGA

TO: Rebel Ward  
MAIL: [rebel.adelle@gmail.com](mailto:rebel.adelle@gmail.com)

Physiotherapy  
FAX No: 7/9/2023

RE: Mrs Michelle Halliday  
0421216441

DOB 14/6/1967

Dear Rebel Ward

The Commonwealth Government through the Chronic Disease Management(CDM) initiative aims to improve health outcomes for patients with chronic conditions and complex care needs. This includes the development of a GP Management Plan (GPMP) and may include a Team Care Arrangement (TCA) for patients requiring a **multidisciplinary approach** (at least 2 other providers in addition to the GP).

I am currently developing a GPMP/TCA for the above patient who has given consent to include you as a member of the team. Attached is a copy of plan for your review.

To comply with Medicare requirements we would be grateful if you could:

a) Advise whether you are willing to be involved in the TCA for this patient and if you are satisfied with the Chronic Disease Management Plan as is. Please advise of any changes required.

b) Report on the progress of the patient.(after first and last allocated visit or more frequently if required)

**Without this consent the TCA is not valid** therefore I would appreciate your feedback by completing the details on this page and returning by email or fax as soon as possible.

Yours sincerely

Lisa  
Practice Nurse

I Rebel Ward, in reference to the Team Care Arrangement for the above patient under the care of Dr Bahareh Varposhti  
(please tick the appropriate)

\_\_\_ am willing to be involved in Team Care Arrangement and am satisfied with the plan as it is.

\_\_\_ am willing to be involved in Team Care Arrangement and have made some changes to the plan as attached.

Comments:

Signature ..... Date...../...../.....

# BRIDGETOWN MEDICAL GROUP

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**DR M HOAR**

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**DR S YOUNGSON**  
MBBS (HONS) DCH FRACGP

**DR G SINGH**  
MBBS (GPT 2)

**DR DE ROCNHI DR VARPOSHTI**

**DR MARAND**

## GP MANAGEMENT PLAN - MBS ITEM No. 721

Team Care Arrangement - MBS ITEM NO. 723

**Patient's Name:** Mrs Michelle Halliday

**Date of Birth:** 14/6/1967

**Contact Details:**

P O Box 432  
BRIDGETOWN WA 6255

**Medicare or Private Health Insurance Details:**

6210 88296 3 / 1

**Details of Patient's Usual GP:**

Dr Varshposhti  
PO Box 257  
BRIDGETOWN WA 6255  
Provider No: 222780LB

**Details of Patient's Carer (if applicable):**

Name:  
Relationship to Patient:  
Tel:

**Date of last Care Plan/GP Management Plan (if done):** 05/21

## PAST MEDICAL HISTORY

Active:

Date	Condition -- Comment
2008	Anxiety
2008	Depression
2008	Insomnia - anxiety-related
2015	Ectopic beats
2015	Sacro-iliac joint pain (Bilateral)
2016	Eczema - atopic
2017	Iron deficiency
2017	Sacroiliitis (Bilateral)
2018	Cataract (Bilateral)
2018	Tendinopathy (Left)
	L elbow common extensor tendon
2019	Cystocoele
2019	Hysterectomy - Laparoscopic
2019	Osteoarthritis (Bilateral)
	Hands and feet
2020	Obesity

Inactive:

Date	Condition -- Comment
2015	Tremor - Intention

## FAMILY HISTORY

Siblings have asthma  
Mother and sister- breast cancer

## SOCIAL HISTORY

Daughter- Jasmine Halliday

## MEDICATIONS

Drug Name	Strength	Dosage	Reason	Last script
FLUOXETINE Capsule (Fluoxetine (as hydrochloride))	20mg	3 Daily	Anxiety	18/02/2020
TEMAZEPAM Tablet (Temazepam)	10mg	1 At night If required		10/03/2020
ENDEP				

## ALLERGIES

Allergy/Adverse Reaction	Reaction
CHOLERA VACCINE	anaphylaxis

**Patient's Name: Mrs Michelle Halliday**

### GP MANAGEMENT PLAN - MBS ITEM No. 721

Patient problems / needs / relevant conditions	Goals - changes to be achieved	Required treatments and services including patient actions	Arrangements for treatments/services (when, who, contact details)
<b>1. General</b>			
Patient's understanding of their condition- Psoratic arthritis Has ongoing pain in both feet , worse in right related to ? plantar fasciitis. generalised stiffnessl. Has seen phsyiotherapist for this with no effect. Has been recommended to see podaitrist.Has had a OT assessment. Has some psoratic skin lesions on back and back	Patient to have a clear understanding of their condition and patient's role in management.	Patient education  Review chsest palpataions- ectopic beat evident PTR  Biological tx and keen for exercise physiology	Dr Varposhti  Dr Bucholz Dr Eidleman Rheumatologist Review this Friday 12//11/22
<b>2. Lifestyle</b>			
Nutrition- Not eating much at all at present. Frustrated re weight gain.	Maintain healthy diet	Patient education Does not maintain a good diet - not interested in cooking and has seen dietician previously	Patient to implement Dr Varposhti to monitor
Weight-93.9kg	Your target: BMI < Ideal: BMI $\leq 25$ kg/m <sup>2</sup>	Monitor Review 6 monthly	Patient to monitor GP to review
Physical activity-very limited at present due to pain in feet and back and urinary urgency.	Ideal: Exercise at least 30 minutes walking or equivalent 5 or more days per week	Patient exercise routine Does not engage in any activity Since ceased antiinflammorites and Steroids feels unable to move and exercise	Patient to implement Dr Varposhti to review Requires TCA for Podiatry assessment of plantar fasciitis. and nail care TCA Exercise Physiologist- will investigate to see if eligible for GPDS Addit- would like to

			allocate 4 remaining TCA visits to physiotherapist Rebel Ward.
Smoking- ex smoker			
Alcohol intake- nil			
<b>3. Biomedical</b>			
Blood pressure 159/103	Ideal: < 130/80 mm Hg	Check every 6 months	Dr Varposhti/ Nurse
<b>4. Medication</b>			
Medication review	Correct use of medications, minimise side effects	Patient education Review medications Commenced Ioptin as prescribed by Dr Bucholz Commencing new Biologic as Xeljanz not suitable	Dr Varposhti to review and provide education  Dr Bucholz Dr Eidleman
<b>5. Other</b>			
Depression		Has many other stressors- son with Autism Partner with PTSD and lives in Hester and very stressful post fire in february	Attends Bel selkirk for Psychological support NDIS not currently well managed due to shortages of staff etc Mood remains low.

Copy of GP Management Plan offered to patient? Yes

Copy / relevant parts of the GP Management Plan supplied to other providers? Yes

GP Management Plan added to the patient's records? Yes

Date service was completed: 07/11/2022

Proposed Review Date: 07/11/2023

I have explained the steps and any costs involved, and the patient has agreed to proceed with the plan. Yes

GP's Signature: x

GP Name: Dr Varposhti

Date: 07/09/2023

Mrs Michelle Halliday

FINAL PAGE OF GPMP



Australian Government

Department of Health and Ageing

## Enhanced Primary Care (EPC) Program

### Referral form for individual Allied Health Services under Medicare

#### To be completed by referring GP:

Please tick:

- ☐ Patient has GP Management Plan (item 721 or review item 732) AND Team Care Arrangements (item 723 or review item 732)
- ☐ GP has contributed to or reviewed a multidisciplinary care plan prepared by the patient's aged care facility (item 731)

**Note:** GPs are encouraged to attach a copy of the relevant part of the patient's care plan to this form.

Medicare rebates and Private Health Insurance benefits cannot both be claimed for these services.  
Patients should be advised that they must choose whether to access one or the other.

#### GP details

Provider Number

Name

Address  Postcode

#### Patient details

Medicare Number

First Name  Surname

Address  Postcode

#### Allied Health Professional (AHP) patient referred to: (Please specify name or type of AHP)

Name

Address  Postcode

#### Referral details – Please use a separate copy of the referral form for each type of service

Eligible patients may access Medicare rebates for up to 5 allied health services (total) in a calendar year. Please indicate the number of services required by writing the number in the 'No. of services' column next to the relevant AHP.

No of services	AHP Type	Item Number
	Aboriginal Health Worker	10950
	Audiologist	10952
	Chiropractor	10964
	Diabetes Educator	10951
	Dietitian	10954

No of services	AHP Type	Item Number
	Exercise Physiologist	10953
	Mental Health Worker	10956
	Occupational Therapist	10958
	Osteopath	10966
4	Physiotherapist	10960

No of services	AHP Type	Item Number
	Podiatrist	10962
	Psychologist	10968
	Speech Pathologist	10970

Referring General  
Practitioner's signature

Date signed

The AHP must provide a written report to the patient's GP after the first and last service, and more often if clinically necessary.

Allied health professionals should retain this referral form for record keeping and Medicare Australia audit purposes.

Allied health services funded by other Commonwealth or State/Territory programs are not eligible for Medicare rebates under this initiative.

This form may be downloaded from the Department of Health and Ageing website at [www.health.gov.au/epc](http://www.health.gov.au/epc) or ordered by faxing (02) 6289 7120 or by phoning (02) 6289 4297.

**THIS FORM DOES NOT HAVE TO ACCOMPANY MEDICARE CLAIMS**