Australian Government
Department of Health

Referral Form for Individual Allied Health Services under Medicare for patients with a chronic medical condition and complex care needs

Note: GPs can use this form issued by the Department of Health or one that contains all of the components of this form.

To be completed by referring GP:

Please tick:

☐ Patient has GP Management Plan (item 721) AND Team Care Arrangements (item 723) OR

☐ GP has contributed to or reviewed a multidisciplinary care plan prepared by the patient's residential 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.

GP details

Provider Number 4 7 3 4 5 8 P X ☐ ☐

Name Dr Mildred Chiwara

Address 86 Abel Street, Boyup Brook WA Postcode 6244

Patient details

Medicare Number 6137858027 ☐ ☐ ☐ ☐ ☐ ☐ Patient's ref no. 1

First Name Maria Surname Machin

Address 26/14 Allnutt St BRIDGETOWN Postcode 6255

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

Name Rebel Ward Southern Forrest Physio

Address Manjimup WA Postcode 6258

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

Eligible patients may access Medicare rebates for a maximum of 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/Aboriginal and Torres Strait Islander Health Practitioner	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
	Physiotherapist	10960

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

Referring General Practitioner's signature M Chiwara Date signed 10/10/2023

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 providers should retain this referral form for record keeping and Department of Human Services (Medicare) audit purposes.

This form may be downloaded from the Department of Health website at www.health.gov.au/mbsprimarycareitems

THE FORM DOES NOT HAVE TO ACCOMPANY MEDICARE CLAIMS

Boyup Brook
Medical Services

Dr Mildred Chiwara 473458PX
Dr Kabindra Dhakal 5842737Y
78B Abel Street, Boyup Brook, 6244 WA
Telephone: (08) 9765 1026 / Fax: (08) 9765 1788
Email: reception@boyupmedical.com.au
Healthlink: boyupbms (preferred)

AGPAL ACCREDITED GENERAL PRACTICE

To: Rebel Ward
Southern
Forest
physiotherapy

Date: 10/10/2023

Dear _____,

Could you please indicate by returning this if you agree to treating Mrs, Miss, Ms, Mr,

Maria Machin DOB: 21/08/1953

As part of the GPMP and TCA for ongoing chronic disease management.

Many thanks,

Kelly O'Reilly
Practice Nurse

☐ I agree ☐ I do not agree

Signature: _____ Date: _____

Please keep a copy for your records.