

07/09/2023
Miss Rebel Ward
Movement Wellness Hub
5 Prichard Street
Manjimup 6258
Phone: 0447 670 410
Fax:

Dear Rebel

Mrs Carmen Maree Bourbon-Muir
10 Cronin Street
Manjimup 6258

DOB: 16/06/1988
Home Phone: 0407 381 390 Mobile Phone: 0407 381 390

I am setting up a team care arrangement for this patient, a copy should have accompanied this letter, and I would appreciate your involvement. She has Lumbar Spondylosis and would benefit from a continued coordinated plan of management.

I would appreciate your feedback by completing the details below and faxing this page back to me.

Yours sincerely,



Dr Aaron Chiw
MD-BSc
557702DJ

Communication re team care arrangement

I, Miss Rebel Ward, in reference to the Team Care Arrangements for this patient

(please tick boxes as appropriate)

- ☐ I am willing to be involved in the Team Care Arrangements, and please use my usual correspondence as input.
- ☐ I am willing to be involved in the Team Care Arrangements, and would like to make some changes to the plan *(please attach your suggested changes)*

Signature:.....

Date:...../...../.....

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
5	Physiotherapist	10960

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

Referring General

Practitioner's signature



Date signed

7/9/23

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

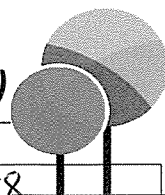
Allied health professionals should retain this referral form for record keeping and Medicare Australia audit purposes.

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 or ordered by faxing (02) 6289 7120 or by phoning (02) 6289 4297.

THIS FORM DOES NOT HAVE TO ACCOMPANY MEDICARE CLAIMS

GP Management Plan and Team Care Arrangement (Item 721&723)



Patient Name:	Carmen Bourbon Muir	DOB:	16/6/88
Doctor:	A. CHW.		

BMI:	30.3	Weight:	94 kg	Height:	176 cm	Waist:	103 cm	BP:	113/91	Pulse:	83.
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DIABETES		HbA1c	
IGT		Diet Controlled	
Type 1		Oral Agents	
Type 2		Insulin	
		BSL	

OBESITY	BMI

CARDIO VASCULAR DISEASE			
IHD		Cardiac Failure	
Valvular Disease		Arrhythmia	
Warfarin		NOAC	

RESPIRATORY					
Asthma		COPD		Other	
Peak Flow / Spiro					

NEUROLOGICAL			
CVA		Other – Parkinson's / MS etc	
Dementia		MMSE	

MUSCULOSKELETAL			
Osteoarthritis		Other	
Rheumatoid		Lumbar Spondylosis	

CANCER		
Palliative	Yes / No	

Other Issues:

Doctors Signature: _____ Date: 7/9/20.

Patients Signature: _____ Date: _____

Patient Health Summary

Name: Mrs Carmen Maree Bourbon-Muir
Address: 10 Cronin Street
Manjimup 6258
D.O.B.: 16/06/1988
Record No.:
Home Phone: 0407 381 390
Work Phone:
Mobile Phone: 0407 381 390

Southern Forests Medical Centre
4 Lock Street (Po Box 1330)
Manjimup 6258
08 9777 2293

Printed on 7th September 2023

Allergies/Adverse reactions:

Horse airway swelling
Horses Cats And Dogs

Current Medications:

Mirena 52mg IUD	1 IUCD For doctor's use.
Pantoprazole 20mg Tablet	1 Tablet In the morning p.r.n.

Active Past History:

	Hyperthyroidism, subclinical (Provisional)	
31/10/2018	Mirena Insertion	Nov 2018 inserted in hospital as has anteverted uterus
05/05/2020	GORD	

Immunisations:

23/01/2008	Human Papillomavirus (HPV)
06/01/2022	Pfizer Comirnaty (COVID-19)
27/01/2022	Pfizer Comirnaty (COVID-19)