#### Southern Forests Medical Centre

PO Box 1330 4 Lock Street Manjimup WA 6258

Telephone: (08) 9777 2293 | Fax: (08) 9777 2407



28/07/2023

Rebel Ward Movement Wellness Hub 5 Prichard Street Manjimup, 6258 Phone: 0447 670 410

Fax: EMAIL

Email: rebel.adelle@gmail.com

Mrs Tracey Anne Crombie-Wilson re.

**68 Cronin Street** Manjimup 6258

DOB: 02/05/1959 Medicare: 6068222662

Phone: 0438 677 415

Dear Rebel.

Thank you for seeing Tracey Crombie-Wilson for an opinion and management. Ms Crombie-Wilson is a lovely 64 year old woman who has chronic low back pain, particularly lower left lumbar and hip. We have completed a GPMP and TCA and I am hoping you will be able to see her from 4 sessions as part of her team.

Past Medical History:

**Prediabetes** 

16/06/2020 GORD

01/06/2022 Lumbar back pain

Yours faithfully,

Dr Kayla Mizzi MBBS, FRACGP

5248193F

DR KAYLA MIZZI 4 LOCK STREET MANJIMUP WA 6258 PH: 9777 2293

PN: 5248193F



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

	s can use this form is	sued by th	ne Departr	nent of Health and A this form.	geing or	one that co	ontains all of the cor	nponents c
Please ticl □ Patie	ent has GP Manageme	o's are enco nt Plan (iter	m 721 ) AN		ements (ite	em 723) OF		
***************************************	rebates and Private He	ealth Insura	nce benefi	ts cannot <u>both</u> be clai	med for th	ese service		
GP details		triey	must <u>cnoo</u>	se whether to access	one or the	e otner.		
Provider N								
Name	Dr Kayla Mizz	·i	····			1		
Address	4 Lock Street		330) Maniir	nun WA		P	ostcode 6258	
Patient de		<u> </u>					00.0000	
Medicare I		Ref 2 Evn	00/2026					
First Name		Trei z Exp	09/2020	Surna	eme	Crombio	Milson	
Address	68 Cronin Str	eet Maniim	un WA		ane	772	nbie-Wilson	
⊃hone	H 0438 677		-	677 415		<u>'</u>	Postcode 6258	
				077 410				
Allieu nea Name	Alth Provider (AHP) p Rebel Ward	auent rere	rrea to:			1		
Address		ollnoss Huk	Ub Coro					
		Movement Wellness Hub Postcode 6258 5 Prichard Street Manjimup WA						
Phone	0447 670 410							
Eligible pati	letails – Please use a ents may access Medicar ne number in the 'No. of so	e rebates foi	up to 5 allie	ed health services (in tot			dicate the number of se	rvices require
No of services	AHP Type	Item Number	No of services	AHP Type	Item Number	No of services	AHP Type	Item Number
<del></del>		40050		Eversies Dhysielesist	40050		Podiatrist	10962
	Aboriginal Health Worker/Aboriginal and Torres Strait Islander Health Practitioner	10950		Exercise Physiologist	10953			10302
	Worker/Aboriginal and Torres Strait Islander	10950		Mental Health Worker	10953		Psychologist	10968
	Worker/Aboriginal and Torres Strait Islander Health Practitioner						Psychologist  Speech Pathologist	
	Worker/Aboriginal and Torres Strait Islander Health Practitioner Audiologist	10952		Mental Health Worker Occupational	10956			10968
1	Worker/Aboriginal and Torres Strait Islander Health Practitioner Audiologist Chiropractor	10952 10964	4	Mental Health Worker Occupational Therapist	10956 10958			10968
् Referring	Worker/Aboriginal and Torres Strait Islander Health Practitioner Audiologist Chiropractor Diabetes Educator Dietitian	10952 10964 10951	4	Mental Health Worker Occupational Therapist Osteopath Physiotherapist	10956 10958 10966	3/07/2023		10968

This form may be downloaded from the Department of Health website at <a href="www.health.gov.au/mbsprimarycareitems">www.health.gov.au/mbsprimarycareitems</a>

THIS FORM DOES NOT HAVE TO ACCOMPANY MEDICARE CLAIMS

GP Management Plan and Team Care Arrangement (Item 721&723) **Patient Name:** DOB: 02-05-1959 Combie-Wilson **Doctor:** Weight: 74 2kg | Height: 16 cm BM1: 26-9 Waist: 101 Pulse: 70 BP: 122/80 **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:

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

Patient Name:		DOB:
•	GOALS	
Hb1Ac:		
BMI/Weight:		
Start/Improve monitoring BSL:		
Improve physical activity:		
Improve dietary intake:	Newly diagnosed – diet/lifestyle ma	anagement
	Newly diagnosed – medication mar	nagement
	Existing condition – poor BGL contr	ol
	Existing condition – change to med	ication
	Existing condition – commencing in	sulin therapy
	Other	
Quit smoking:		
Monitor for complications:	Foot	
	Eyes	
	BP	
Other issues and comments:		
Referrals Sent	Yes	
Patient to arrange appointments	Yes	
Recall in MD3	Yes	
NEXT REVIEW DATE:		
	MONITORING	
	3 MONTHLY 6 N	MONTHLY ANNUALLY
Routine Bloods		
Diabetic – HbA1c		
Albumin / Creatinine Ratio		
Thyroid Function		
PSA		
Iron Studies		
Other:		
GPMP / TCA Review Date:	<u> </u>	
PRIVATE CLINICIAN NO EPC	PRIVATE CLINICIAN WIT	TH EPC WDH – COMMUNITY SERVICES
Optometrist - Specsavers	Podiatrist – Geoff Dickson	Dietician
Pharmacist - Ambassadors	Physiotherapist – Michael Christ	
Pharmacist – Terry White Chemmart	Audiologist – Iain Summerlin	Physiotherapy
		Social Worker
Desmond Program	Carla Hall Telehealth Dietitian (N	
Diabetes Educator – Silver Chain	Chiropractor – Warren Distric	1.7
Glynis Purkiss		Continence Nurse
Cardiologist – Heartcare/ Genesis	COMMUNITY	Asthma Educator
caralologist ricarcarcy deficis	GP Down South - Exercise	Palliative Care Nurse
	Physiologist (GPDS – ICDC ON	
	GP Down South - Dietitian	Child Development Nurse
	(separate GPDS referral to be	
	completed GPDS – ICDC ONLY	
octors Signature:		Date:
atients Signature:		Date:

# CHRONIC DISEASE MANAGEMENT GP Management Plan: MBS Item 721

Patient's Name: Mrs Tracey Anne Crombie-Wilson Contact Details: 68 Cronin Street Manjimup 6258	Date of Birth: 02/05/1959 Medicare No.: 6068222662
Home Phone: 0438 677 415 Work Phone: Mobile Phone: 0438 677 415 Details of Patient's Usual GP: Dr Kayla Mizzi 4 Lock Street (Po Box 1330) Manjimup 6258	Details of Patient's Carer (if applicable):
If the patient has a previous or existing care plan, w On: // By:	hen was it prepared and what were the outcomes?
Other notes or comments relevant to the patient's ca	re planning:
Medications:	
Celebrex 200mg Capsule Pantoprazole 40mg Tablet Vitamin D 1000IU Tablet	<ol> <li>Capsule Daily with meals.</li> <li>Tablet Daily.</li> <li>Tablet Daily.</li> </ol>
Allergies: Nil known.	
I have explained the steps and costs involved, and the	ne patient has agreed to proceed with the service:
	(GP's Signature & Date)

Patient's Name: Mrs Tracey Anne Crombie-Wilson

#### **GP MANAGEMENT PLAN**

### Patient problems / needs / relevant conditions

Prediabetes

Lumbar back pain

Igt (Impaired Glucose Tolerance)

Facet joint subluxation

**GORD** 

#### Goals - changes to be achieved.

Improve nutrition

Prevent complications of diabetes

Reduce pain

Required treatments and services.			
Task	Provider	Due	
Physiotherapy	Rebel Ward	28/07/2023	
Dietitian referral	Warren Blackwood	28/07/2023	
	Community Health		

Arrangements for treatments/services.			
Provider	Phone	Fax	
Rebel Ward	0447 670 410	EMAIL	
Warren Blackwood Community Health	08 9772 5101	08 9772 5109	

Copy of GPMP offered to patient? No

Copy / relevant parts of the GPMP supplied to other

providers? No

GPMP added to the patient's records? Yes

Date service was completed: 28/07/2023

Review Date: 29/01/2024

### CHRONIC DISEASE MANAGEMENT Team Care Arrangement: MBS Item 723

Patient's Name:	Mrs Tracey Anne Crombie-Wilson	Date of Birth: 02/05/1959
<b>Contact Details:</b>		Medicare No.:

68 Cronin Street Manjimup 6258

Home Phone: 0438 677 415

Work Phone:

Mobile Phone: 0438 677 415 Details of Patient's Usual GP:

Dr Kayla Mizzi

4 Lock Street (Po Box 1330)

Manjimup 6258

6068222662

Details of Patient's Carer (if applicable):

If the patient has a previous or existing care plan, when was it prepared and what were the outcomes?

On: / / By:

Other notes or comments relevant to the patient's care planning:

#### Medications:

Celebrex 200mg Capsule 1 Capsule Daily with meals.
Pantoprazole 40mg Tablet 1 Tablet Daily.
Vitamin D 1000IU Tablet 1 Tablet Daily.

J Tablet 1 Tablet Daily.

#### Allergies:

Nil known.

I have explained the steps and costs involved, and the patient has agreed to proceed with the service. The patient also agrees to the involvement of other health providers and to share their clinical information without / with restrictions (identify).

......(GP's Signature & Date)

Patient's Name: Mrs Tracey Anne Crombie-Wilson

#### **TEAM CARE ARRANGEMENTS**

## Patient problems / needs / relevant conditions

Prediabetes

Lumbar back pain

Facet joint subluxation

Igt (Impaired Glucose Tolerance)

#### Goals - changes to be achieved.

Manage pain

Prevent complications of diabetes

Improve nutrition

Required treatments and services.			
Task	Provider	Due	
Physiotherapy	Rebel Ward	28/07/2023	
Dietitian referral	Warren Blackwood	28/07/2023	
	Community Health		

Arrangements for treatments/services.				
Provider	Phone	Fax		
Rebel Ward	0447 670 410	EMAIL		
Warren Blackwood Community Health	08 9772 5101	08 9772 5109		

Copy of TCA offered to patient? No

TCA added to the patient's records? Yes

**Date service was completed:** 28/07/2023

Copy / relevant parts of the TCA supplied to other

Tracey

providers? No

Referral forms for Medicare allied health and

dental care services completed? Yes

Review Date: 29/01/2024