



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 and Ageing or one that contains all of the components of this form.

To be completed by referring GP:

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

- ☐ 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 aged care facility (item 731)

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 No. | 002458HB | | |
| Name | Dr Alison Turner | | |
| Address | 3/34 Rose Street The Tru Trust MANJIMUP WA | | Postcode 6258 |

Patient details

| | | | |
|--------------|---|---------|---------------|
| Medicare No. | 6109457448 Ref 2 Exp 03/26 | | |
| First Name | Rita | Surname | Wood |
| Address | 8 Jamieson Street UMRN B7371596 PEMBERTON WA | | Postcode 6260 |
| Phone | H 0409 294 107 W M 0409 294 107 | | |

Allied Health Provider (AHP) patient referred to:

| | | | |
|---------|--|--|---------------|
| Name | Rebel Ward | | |
| Address | Southern Forests Physiotherapy 5 Pritchard Street Manjimup WA | | Postcode 6258 |
| Phone | 0447 670 410 | | |

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 (in total) in a calendar year. 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 | No of services | AHP Type | Item Number | No of services | AHP Type | Item Number |
|----------------|--|-------------|----------------|------------------------|-------------|----------------|--------------------|-------------|
| | Aboriginal Health Worker/Aboriginal and Torres Strait Islander Health Practitioner | 10950 | | Exercise Physiologist | 10953 | | Podiatrist | 10962 |
| | Audiologist | 10952 | | Mental Health Worker | 10956 | | Psychologist | 10968 |
| | Chiropractor | 10964 | | Occupational Therapist | 10958 | | Speech Pathologist | 10970 |
| | Diabetes Educator | 10951 | | Osteopath | 10966 | | | |
| | Dietitian | 10954 | 5 | Physiotherapist | 10960 | | | |

Referring General Practitioner's signature

Date signed 08/12/2022

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 for record keeping and Medicare Australia audit purposes.

Manjimup Medical Centre

CHRONIC DISEASE MANAGEMENT Team Care Arrangement: MBS Item 723 / Review

Patient's Name: Mrs Rita Wood

Date of Birth: 01/07/1962

Contact Details:

Medicare No.:

8 Jamieson Street

6109457448

UMRN B7371596

PEMBERTON 6260

Home Phone: 0409 294 107

Work Phone:

Mobile Phone: 0409 294 107

Details of Patient's Usual GP:

Details of Patient's Carer (if applicable):

Dr Alison Turner

3/34 Rose Street

The Tru Trust

MANJIMUP 6258

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

On: 02/02/2021 By: Dr Alison Turner

Referral to Chanti Slade OT x 5 visits

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

EPC x 5 Rebel Ward

Allergies:

Piroxicam

neck stiffness

meloxicam

joint aches

Duloxetine

abdominal cramping pain

I understand the steps and costs involved, and agree to proceed with the service. I also agree to the involvement of other health providers and to share my clinical information without / with restrictions (identify).

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

Patient's Name: Mrs Rita Wood

TEAM CARE ARRANGEMENTS

Patient problems / needs / relevant conditions

Ankylosing spondylitis
Migraine
Dry eye syndrome
Insomnia

Goals - changes to be achieved.

Reduce rate of progression of disease
Manage pain
Maintain function
Prevent complications

Required treatments and services.

| Task | Provider | Due |
|-------------------|-------------------|------------|
| Review by GP | G.P. | 08/12/2022 |
| Eye care | Mr Henk Ackerman | 08/12/2022 |
| Specialist Review | Dr Graeme Carroll | 08/12/2022 |
| Physiotherapist | Rebel Ward | 08/12/2022 |

Arrangements for treatments/services.

| Provider | Phone | Fax |
|-------------------|--------------|-----------|
| Mr Henk Ackerman | 9777 1699 | |
| Dr Graeme Carroll | 9271 6306 | 9370 3957 |
| Rebel Ward | 0447 670 410 | |

Copy of TCA offered to patient? No

TCA added to the patient's records? Yes

Date service was completed: 08/12/2022

Copy / relevant parts of the TCA supplied to other providers? No

Referral forms for Medicare allied health and dental care services completed? Yes

Review Date: 09/06/2023