

Manjimup General Practice

Shop 6 & 7, Manjimup Shopping Centre, 93 - 101 Mottram St, Manjimup WA 6258

PH: 08 9788 1888 Email: manjimupgp@gmail.com

28/11/22

Rebel Ward

The Movement Wellness Hub/Southern Forest Medical Centre

Corner of Pritchard and Chopping Street

0447670410

Rebel.adelle@gmail.com

RE: Team care Arrangement Consent for Jessica Velios

Dear Rebel,

The above mentioned patient has been placed on a Team care Arrangement.

Please indicate your acceptance to participate as a service provider by ticking the appropriate box and emailing it back to us.

YES

NO

Kind regards,

Dr. Muddukiran Jagadish, GP



Australian Government

Department of Health and Ageing

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 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)

GP details

| | | | |
|--------------|---|--|--|
| Provider No. | 5534002L | | |
| Name | Dr Muddukiran Chikkanayakanahalli Jagadish | | |
| Address | Unit 6, 93-101 Mottram Street Manjimup 6258 Ph 0897881888 Fax 0897881889 | | |

Patient details

| | | | |
|--------------|------------------|---------|--------|
| Medicare No. | 6190664318 | | |
| First Name | Jessica | Surname | Velios |
| Address | 4 Kammann Street | | |

Allied Health Professional (AHP) patient referred to:

| | |
|---------|---|
| Name | Rebel Ward |
| Address | The Movement Wellness Hub/Southern Forest Medical Centre Corner of Pritchard and Chopping Street |

Referral details - 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 | 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 | 1 | Physiotherapist | 10960 | | | |

Referring GP's signature

Date signed 28/11/2022

28/11/2022

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 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/mbsprimarycareitems.

THIS FORM DOES NOT HAVE TO ACCOMPANY MEDICARE CLAIMS