

30/11/2023

Miss Rebel Ward
Movement Wellness Hub
5 Prichard Street
Manjimup 6258
0447 670 410

Dear Rebel

Mr Stephen Frederick Tink
63 Springdale Road
Dingup 6258


DOB: 02/01/1941

Home Phone: 9771 2026 Mobile Phone: 0428 932 518

I am setting up a team care arrangement for this patient, a copy should have accompanied this letter, and I would appreciate your involvement. He has T2DM and requires physiotherapist input for mobility assistance. He 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 Peter Wutchak
MB BS, DRANZCOG, FRACGP
205880TF

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	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	5	Physiotherapist	10960			

Referring General

Practitioner's signature



Date signed

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

Patient Health Summary

Name: Mr Stephen Frederick Tink
Address: 63 Springdale Road
Dingup 6258
D.O.B.: 02/01/1941
Record No.:
Home Phone: 9771 2026
Work Phone:
Mobile Phone: 0428 932 518

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

Printed on 30th November 2023

Allergies/Adverse reactions:

Penicillins rash and racing heart
Erythromycin heart papitations
Shellfish

Current Medications:

Asmol CFC-free Inhaler (with counter) 100mcg	2-12 puffs q.2.h. via spacer PRN.
Aspirin 100mg Tablet, enteric coated	1 Tablet In the morning.
Cavstat 10mg Tablets	1 Tablet In the evening.
Dapagliflozin \Metformin 5mg;1000mg Extended release tablets	1 Tablet Daily.
Fluticasone /Salmeterol 250mcg;25mcg Inhaler	2 puffs Twice a day Rinse mouth post-use.
Latanoprost 50mcg/mL Eye Drops	1 Drop Before bed Left side.
Lyrica 150mg Capsule	1 Capsule Before bed.
Lyrica 75mg Capsule	1 Capsule In the morning.
Metoprolol Tartrate 50mg Tablet	½ Twice a day.
Mixtard 30/70 InnoLet 30+70 IU/mL Pen device	Apply Twice a day with meals 22units MANE, 15units NOCTE.
Mometasone 0.1% Cream	Apply Twice a day.
Movicol 13.125g per sachet Sachet	1 Sachet Before bed p.r.n.
Perindopril/Amlodipine 10mg; 5mg Tablet	1 Tablet In the morning.
Spiriva Respimat 2.5mcg Inhalation	2 puffs Daily.
Viagra 50mg Tablet	1 Tablet p.r.n.

Active Past History:

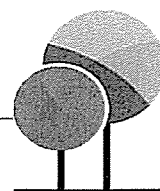
	Asthma - Chronic Persistent	
	Gord (Gastro-Oesophageal Reflux Disease)	
	Vsd (Ventricular Septal Defect)	Congenital, under Dr A. Kozlowski
1987	Diabetes Mellitus - Type II	
2008	Hypertension	
17/11/2009	Ihd (Ischaemic Heart Disease)	triple vessel disease. A. Kozlowski
04/07/2011	Left Glaucoma - Open Angle	
21/10/2015	Bilateral Macular Degeneration - Age Related	P. Heyworth Lucentis injections
21/10/2015	Diabetic Retinopathy	P. Heyworth

24/01/2020 GORD
06/09/2021 BCC

Immunisations:

12/01/2017 Zostavax (Herpes Zoster)
18/04/2018 FLUZONE HIGH-DOSE (Influenza)
11/04/2019 FLUAD (Influenza)
16/04/2020 Fluad Quad (Influenza)
09/04/2021 Fluad Quad (Influenza)
01/02/2022 Moderna Spikevax (COVID-19)
17/02/2022 Moderna Spikevax (COVID-19)
31/05/2022 Moderna Spikevax (COVID-19)
04/05/2023 Pfizer Comirnaty Biv BA.4-5 (COVID-19)
04/05/2023 Fluad Quad (Influenza)

GP Management Plan Review – (Item 732)



Patient Name:	STEPHEN TINK	DOB:	2/01/41
Doctor:	P. WUTCHAK		

Height	178	Weight	81.8	BMI	25.8	BP	121/59	Pulse	63	HbA1c	8.2
--------	-----	--------	------	-----	------	----	--------	-------	----	-------	-----

Patient Consent:

Explanation of the review process given?	Yes	No
Patient consent for the review given?	Yes	No
Date consent was given:	30/11/23	

Previous GP Management Plans:

Has the patient had a previous GP Management Plan?	Yes	
Date of last GP Management Plan (if known):	26/3/22	
Last GP Management Plan provided by Doctor:	WUTCHAK	

Review of previous GP Management Plan goals:

Goals:	Have goals been met:	Further actions required:
BMI 25-30	Yes	no change
exercise 30/d	- Active	
HbA1c < 7.5	NO 8.2	insulin adjust

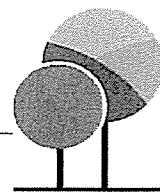
Is a revised (new) GP Management Plan (721) required?	Yes	No
Review of GP Management Plan goals discussed with patient?	Yes	No
Copies of the review sent to providers involved in the plan?	Yes	No

Next Review Date:	/ /
-------------------	-----

DOCTORS SIGNATURE: P. L. S.

Date: 30/11/23

Team Care Arrangement REVIEW- (Item 732)



Patient Name:	Stephen Tank	DOB:	2/01/41
Doctor:	P. Witelak		

Height	178	Weight	81.8	BMI	25.8	BP	129/57	Pulse	67	HbA1c	8.2
--------	-----	--------	------	-----	------	----	--------	-------	----	-------	-----

Review of Team Care Arrangement Goals:

Goals:	Have goals been met:	Further actions required:
see G Dickson	- concerns with Podiatrist	-
- see Dr Heyworth/Parker	- 7/2	
- see Dr Kollerster	2 yrly	Appt
Rebel Ward	- seeing regularly	

Questions	Yes	No
Is a revised (new) Team Care Arrangement (item 723) required?		<input checked="" type="checkbox"/>
Review of a Team Care Arrangement discussed with patient?	<input checked="" type="checkbox"/>	
Copies of Team Care Arrangement Review given to patient and relevant providers?		

Next Review Date:	15/12/24
-------------------	----------

- new GPMP

PRIVATE CLINICIAN NO EPC	PRIVATE CLINICIAN WITH EPC	WDH - COMMUNITY SERVICES
Optometrist - Specsavers	Podiatrist - Geoff Dickson	Dietician
Pharmacist - Ambassadors	Physiotherapist - Michael Christofis	Podiatrist
Pharmacist - Terry White Chemmart	Chiropractor - Warren District	Physiotherapy
		Social Worker
Desmond Program	Audiologist - Iain Summerlin	Occupational Therapy
Diabetes Educator - Silver Chain	COMMUNITY	Speech Pathology
Glynis Purkiss		Continence Nurse
Cardiologist - Heartcare/Genesis	GP Down South - Exercise Physiologist	Asthma Educator
ophthalmologist Dr Parker	GP Down South - Dietitian (separate GPDS referral to be completed)	Palliative Care Nurse
	Rebel Ward	Cancer support Nurse
		Child Development Nurse

DOCTORS SIGNATURE: [Signature]

Date: 30/11/23