

20/12/2023

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

Dear Rebel

Mrs Nancy Jane Giblett
1 Jarrah Road
Manjimup 6258

DOB: 30/05/1960

Home Phone: 9771 2384 Mobile Phone: 0417 956 818

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, with R shoulder pain and would benefit from a continued coordinated plan of management. The goals of management include continuation of current 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	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.

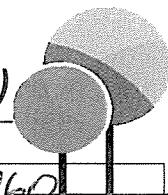
Allied health professionals should retain this referral form for record keeping and Medicare Australia audit purposes.

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

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



Patient Name:	Patricia Williams Nancy Giblett	DOB:	20/5/1960
Doctor:	A. Chiu		

BMI: 36.5	Weight: 90 kg	Height: 157 cm	Waist: cm	BP: 138/61	Pulse: 90 regular.
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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					

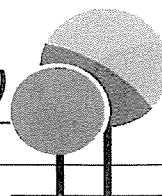
NEUROLOGICAL			
CVA		Other – Parkinson's / MS etc	
Dementia		MMSE	

MUSCULOSKELETAL			
Osteoarthritis		Other	
Rheumatoid		Lumbar Spondylosis	

CANCER		
Palliative	Yes / No	

Other Issues:

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 management		
	Newly diagnosed – medication management		
	Existing condition – poor BGL control		
	Existing condition – change to medication		
	Existing condition – commencing insulin 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 MONTHLY	ANNUALLY
Routine Bloods			
Diabetic – HbA1c			
Albumin / Creatinine Ratio			
Thyroid Function			
PSA			
Iron Studies			
Other:			
GPMP / TCA Review Date:			
PRIVATE CLINICIAN NO EPC	PRIVATE CLINICIAN WITH EPC	WDH – COMMUNITY SERVICES	
2.4.1 Infor Spec Bunking Optometrist - Spectavision	✓ Podiatrist – Geoff Dickson	Dietician	
Pharmacist - Ambassadors	Physiotherapist – Michael Christofis	Podiatrist	
Pharmacist – Terry White Chemmart	Audiologist – Iain Summerlin	Physiotherapy	
Desmond Program	Carla Hall Telehealth Dietitian (MGP)	Social Worker	
Diabetes Educator – Silver Chain	Chiropractor – Warren District	Occupational Therapy	
Glynis Purkiss	Chiropractor – Anthony Manning	Speech Pathology	
Cardiologist – Heartcare/ Genesis	COMMUNITY	Continence Nurse	
	GP Down South - Exercise Physiologist (GPDS – ICDC ONLY)	Asthma Educator	
	GP Down South - Dietitian (separate GPDS referral to be completed GPDS – ICDC ONLY)	Palliative Care Nurse	
		Cancer support Nurse	
		Child Development Nurse	
		HEAL Program	

Doctors Signature: _____ Date: 15/12/23.

Patients Signature: _____ Date: _____

Patient Health Summary

Name: Mrs Nancy Jane Giblett
Address: 1 Jarrah Road
Manjimup 6258
D.O.B.: 30/05/1960
Record No.:
Home Phone: 9771 2384
Work Phone:
Mobile Phone: 0417 956 818

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

Printed on 20th December 2023

Allergies/Adverse reactions:

Morphine nausea
Calcium Channel ankle swelling
Blockers

Current Medications:

. Ambassadors Pharmacy	08 9771 1373 ambassadors@manjimuppharmacy.com.
Desvenlafaxine 100mg Tablet	1 Tablet In the morning Total of 150mg OD.
Desvenlafaxine 50mg Tablet	1 Tablet In the morning Total of 150mg OD.
Estalis Continuous 50/250 Patch	Apply Monday and Thursday.
Hydrocortisone /Clotrimazole 1%;1% Cream	Apply Twice a day to affected areas.
Metoprolol Tartrate 50mg Tablet	1 Tablet Twice a day.
Olmesartan /Amlodipine/Hydrochlorothiazide 40mg;10mg;12.5mg Tablets	1 Tablet In the morning.
Ovestin Ovula 500mcg Pessary	1 Dose Twice a week with an applicator please.
Pantoprazole 20mg Tablet	1 Tablet In the morning.
Qvar 50 50mcg/dose Inhaler	1 spray Twice a day to affected areas.
Spironolactone 100mg Tablet	1 Tablet In the morning.
Symbicort 200/6 200mcg;6mcg/dose Turbuhaler	2 puffs Twice a day Rinse mouth post-use.
Ventolin CFC-Free with counter 100mcg/dose Inhaler	2 puffs Every 4 hours p.r.n. via spacer.

Active Past History:

1982	Asthma
2000	Depression
2009	Hypertension
28/08/2019	Chronic Tachycardia, nodal
18/06/2021	Atrophic vaginitis
18/06/2021	Dyspareunia

Inactive Past History:

24/06/2016	Hysterectomy - Abdominal	
03/09/2019	Mammogram	negative
2020	Right Ectropion repair	right lower lid
20/08/2020	Faecal occult blood test	negative

10/10/2022 Faecal occult blood test negative

Immunisations:

29/04/2016	FLUQUADRI (Influenza)
12/04/2017	FLUQUADRI (Influenza)
24/05/2018	FLUQUADRI (Influenza)
23/05/2019	FLUQUADRI (Influenza)
17/04/2020	FluQuadri (Influenza)
06/04/2021	FluQuadri (Influenza)
09/06/2021	COVID 19 Vaccine AstraZeneca (COVID-19)
01/09/2021	COVID 19 Vaccine AstraZeneca (COVID-19)
07/02/2022	Pfizer Comirnaty (COVID-19)
13/05/2022	Afluria Quad (Influenza)
03/05/2023	Vaxigrip Tetra (Influenza)