

**Dr Vijay Prakashchandra Shah**

Provider No: 4972418W

MD, FRACGP

**AQ Family Practice**

16 Colonial Drive, Bligh Park NSW 2756.

Ph: (02) 45725900 Fax: (02) 45820414

info@aqfamilypractice.com.au

11/06/2024

Michelle Hookam

6 Christie street, Windsor 2756

Ph: PH 45774435

**RE: Miss Tanya Mott**

**2/20 Erin Pl, Sth Windsor NSW 2762.**

**DOB: 22/10/1987**

**PH: 0432447096**

Dear Michele,

Thank you for seeing Tanya Mott for an opinion and management of her GAD and depression. I have organised EPC visits. Thank you for your care

**Her current medications are:**

No regular medications.

**Allergies:**

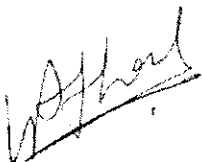
steroids

**Past Medical History:**

Anxiety/Depression  
PTSD

Seeing Michelle Hookam

Yours faithfully,



Dr Vijay Prakashchandra Shah

# Referral form for follow-up allied health services under Medicare for People of Aboriginal or Torres Strait Islander descent

**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**

Health assessment completed:

01 ☐ 703 ☐ 705 ☐ 707 ☐ 715 ☒

## GP details

Provider Number 4972418W

Name Vijay Prakashchandra Shah MD, FRACGP

Address 16 Colonial Drive, Bligh Park, NSW

Postcode 2756

## Patient details

Medicare Number 2219548185

Patient's ref 4

First Name Tanya

Surname Mott

Address 2/20 Erin Pl, Sth Windsor, NSW

Postcode 2756

**Allied Health Professional (AHP) patient referred to: (Specify name or type of AHP)**

Name Michelle Hookam

45774435

Address Postcode

**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/Aboriginal and Torres Strait Islander Health Practitioner	81300		Exercise Physiologist	81315		Podiatrist	81340
	Audiologist	81310		Mental Health Worker	81325	5	Psychologist	81355
	Chiropractor	81345		Occupational Therapist	81330		Speech Pathologist	81360
	Diabetes Educator	81305		Osteopath	81350			
	Dietician	81320		Physiotherapist	81335			

Referring GP's signature

Date signed 11/06/2024

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.

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.

This form may be downloaded from the Department of Health and Ageing website at [www.health.gov.au/mbsprimarycareitems](http://www.health.gov.au/mbsprimarycareitems).

**THIS FORM DOES NOT HAVE TO ACCOMPANY ANY MEDICARE CLAIMS**