



## 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
	Aboriginal Health Worker	10950
	Audiologist	10952
	Chiropractor	10964
	Diabetes Educator	10951
	Dietitian	10954

No of services	AHP Type	Item Number
	Exercise Physiologist	10953
	Mental Health Worker	10956
	Occupational Therapist	10958
5	Osteopath	10966
	Physiotherapist	10960

No of services	AHP Type	Item Number
	Podiatrist	10962
	Psychologist	10968
	Speech Pathologist	10970

Referring General  
Practitioner's signature

Date signed

05/03/25

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](http://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**



## *Your Health Place Castlemaine*

63 Elizabeth Street  
Castlemaine Vic 3450

~~~~~

5/03/2025

Lesley Likens  
19 Walker St  
CASTLEMAINE VIC 3450  
Phone: 0425 880 626

Re: Chronic Disease Management (CDM) Items

for Mrs Sophie Easton, 13/12/1984,  
14 Keyolah Court  
MCKENZIE HILL VIC 3451

At the request of the treating doctor of above patient, we are endeavouring to coordinate the development of Chronic Disease Management items.

For a patient to be eligible to access Medicare rebates for the allied health, they must have both a GP management plan and a Team Care Arrangement (TCA) in place. We are glad to have you as a member of TCA. A copy of the proposed TCA is enclosed. We appreciate your feedback and/or advice as a part of our discussion regarding patient's needs.

- Do you agree with the TCA? Yes / No
- Do you wish to modify the TCA? Yes / No

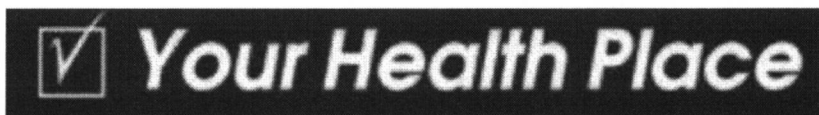
Signed: 5/03/2025

To complete the TCA process and Referral Form for the Allied Health Services to commence, please sign and fax this cover letter only back to this surgery (with modifications to the TCA only if required). **You should keep the care plan for your own reference.**

Yours sincerely,

Dr Irene Lepustin 63 Elizabeth St, Castlemaine, 3450, Provider No5017733B

Could you please sign & return fax front letter to 9069 5909 , ASAP, thank you



## ***Your Health Place Castlemaine***

63 Elizabeth Street  
Castlemaine Vic 3450

~~~~~

5/03/2025

Practice Nurse  
Carleen Coxhell  
63 Elizabeth St Castlemaine, VIC 3450  
Ph 5472 5066  
Fax 9069 5909

Re: Chronic Disease Management (CDM) Items

for Mrs Sophie Easton, 13/12/1984,  
14 Keyolah Court  
MCKENZIE HILL VIC 3451

At the request of the treating doctor of above patient, we are endeavouring to coordinate the development of Chronic Disease Management items.

For a patient to be eligible to access Medicare rebates for the allied health, they must have both a GP management plan and a Team Care Arrangement (TCA) in place. We are glad to have you as a member of TCA. A copy of the proposed TCA is enclosed. We appreciate your feedback and/or advice as a part of our discussion regarding patient's needs.

- Do you agree with the TCA? Yes / No
- Do you wish to modify the TCA? Yes / No

Signed: 

Date: 5/03/2025

To complete the TCA process and Referral Form for the Allied Health Services to commence, please sign and fax this cover letter only back to this surgery (with modifications to the TCA if required). **You should keep the care plan for your own reference.**

Yours sincerely,

  
Dr Irene Lepustin 63 Elizabeth St, Castlemaine, 3450, Provider No 5017733B

Could you please sign & return fax front letter to 9069 5909, ASAP, thank you

# Your Health Place Castlemaine

## CARE PLAN

ITEM: GP Management Plan \_\_\_\_ 721  
TCA \_\_\_\_ 723

PATIENT DETAILS:	GP DETAILS:
Mrs Sophie Easton 14 Keyolah Court MCKENZIE HILL VIC 3451 Phone: 0459 050 243 Date of Birth: 13/12/1984 Medicare No.: 3427 71516 8 / 1	Dr Irene Lepustin 63 Elizabeth St, Castlemaine 3450 Provider No 5017733B

**DATE CARE PLAN PREPARED:** 5/3/2025

### PROBLEM LIST:

Chronic Neck and Shoulder pain

Date	Condition
14 February 2025	Depression
14 February 2025	Right Calcaneus Reconstruction (2008)
14 February 2025	Thyroid Problems

### ALLERGIES:

No known allergies/adverse reactions.

### CURRENT MEDICATIONS:

Drug Name	Strength	Dosage	Reason	Last script
THYROX Tablet (Levothyroxine sodium)	50mcg	1 daily		05/03/2025

### CARE PLAN TEAM MEMBERS or if GPMP - SERVICE PROVIDERS:

NAME	TYPE OF CARE	if developing a TCA CONTACTED/ COPY SENT	if developing TCA AGREED?
Doctor	GP (details above)	yes	yes
Lesley Likens	Osteopathy	yes	yes
Nurse - Health Educator	Health Education	yes	yes

### PROBLEMS/ NEEDS, GOALS AND PLANNED ACTIONS

Current Health Needs/ Problems	Goal	Planned Actions/ Tasks	Service Provider Responsible
--------------------------------	------	------------------------	------------------------------

Chronic pain.	Increase patient's understanding of Chronic pain.	Patient education - lifestyle.	GP, Osteo
Pain.	Optimal Pain Management.	assessment, monitoring, review medications, patient education, local treatment incl. referral to Allied Health	GP, osteo
General health monitoring.	Monitoring of general health	Review patient's status. <ul style="list-style-type: none"> <li>Measure weight, height, BMI, blood pressure.</li> <li>Test total cholesterol profile.</li> </ul>	GP How often? <ul style="list-style-type: none"> <li>once every 6-12 months.</li> </ul>
Medications.	Correct use of medication, with minimal side-effects.	Education about medications. Home medicine review if needed.	Pharmacist
Future complications. Reduce risk of hospitalisation.	<ul style="list-style-type: none"> <li>To prevent/minimise the long-term effects of Chronic Pain on body and everyday life.</li> <li>To manage medication.</li> </ul>	<ul style="list-style-type: none"> <li>Annual complication assessment &amp; review.</li> <li>Adjustment of medication.</li> </ul>	Consultant physician
Smoking	complete cessation	support, educate, counsel	GP, HPO
Need for healthy diet.	To maintain a healthy weight & healthy diet.	Increase understanding of healthy eating, including dietary fat, sugars, glycaemic index. Review diet.	Dietitian / Health Promotion Officer & GP
Need for physical activity.	To exercise for at least 30 minutes, most days of the week.	<ul style="list-style-type: none"> <li>To establish a regular exercise routine.</li> <li>Reinforce activity.</li> </ul>	<ul style="list-style-type: none"> <li>An exercise program of patient's choice.</li> <li>Reinforced by GP.</li> </ul>
Alcohol	low risk alcohol consumption	assess medications for potential alcohol interactions - advise patient. Encourage patients to abstain from alcohol or limit intake to 2 or less standard drinks a day.	GP.
Weight	Waist measurement:  Male < 94 cm	assess and monitor BMI and WC, set goals, review, educate	GP

	Female < 80 cm BMI <25 kg/m2		
Psychosocial burden of chronic condition	prevent adverse effects of chronic condition on everyday life	assessment, education, support, referral	GP, HPO

**Copy of GP Management Plan offered to patient? y**

**Copy / relevant parts of the GP Management Plan supplied to other providers? y**

**GP Management Plan added to the patient's records? y**

**Date service was completed: 05/03/2025**

**Proposed Review Date: 05/09/2025**

**I have explained the steps and any costs involved, and the patient has agreed to proceed with the plan. YES**