

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 725) AND Team Care Arrangements (item 723 or review item 727)
- ☐ 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
5	Mental Health Worker	10956
	Occupational Therapist	10958
	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

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.

General Practitioner's Management Plan and Team Care Arrangement (Items 721 & 723)

For Patients with Multidisciplinary Care Needs (for Hypertension and other conditions)

General Practice Management Plan or Team Care Arrangements each 2 years. Review after 6 months

New General Practice Management Plan or Team Care Arrangements after 12 months if clinical conditions change markedly.

Review General Practice Management Plan or Team Care Arrangements after 3 months if clinical conditions change markedly.

Copies to be given to the patient and other team members as appropriate.

All participants undertake to retain confidentiality

Part 1 GP Management Plan - Item 721

Date: 2/6/2025

	GP prepares	GP Review	GP contributes
General Practice Management Plan	721	732	729
Team Care Arrangements	723	732	729
Aged Care Resident Care Plan			731

PATIENT DETAILS:

Mrs Sandra Gunder
9 Womboyne Ave
KELLYVILLE NSW 2155

Gender:

Medicare: No: 4052 90723 8 / 2

Date of Birth: 11/12/1956

File No: 01238

Country of Birth: Australia

Language spoken at Home: English

GP DETAILS:

Dr Esther Sin
Suite 3101, Level 3, Westpoint
Shopping Centre
17 Patrick Street
BLACKTOWN NSW 2148
Phone: 02 9676 5585
Fax: 02 8814 8913
Provider No: 412649AW

Is patient eligible for Veteran Affairs? No

Send a copy to DVA: No

GP Management Plan prepared by: Dr Esther Sin

Medication List:

Drug Name	Strength	Dosage	Reason	Last script
IMOVANE Tablet (Zopiclone)	7.5mg	1 nocte p.r.n.		05/05/2025
MERSYNDOL FORTE Tablet	450mg/30mg/ 5mg	2 daily		05/05/2025

Past History (active and non-active):

Active:

Date	Condition
	Back pain - chronic
22 May 2015	Impaired Fasting Glycaemia
22 May 2015	Impaired Glucose Tolerance

Inactive:

Date	Condition
12 September 2012	Hypertension
10 November 2017	Sleeve gastrectomy (for obesity)
17 May 2018	ORIF fifth metatarsal (Right)

CARDIAC RISK FACTORS

Overweight (BMI > 25kg/m²) Yes No

Date	Height	Weight
2/6/2025	165	110.1

Blood Pressure

Date	BP (Sitting)
2/6/2025	137/94

Smoking Ex-smoker

Alcohol None recorded.

CONSENT TO PREPARE MANAGEMENT PLAN

My GP has explained the purpose of the Management Plan and I give / my carer gives permission to prepare a Management Plan.

Patient/Carer signature: Date:

MULTIDISCIPLINARY PATIENT NEEDS AND PLANNED ACTIONS			
Current Health Needs/Problems	Goal	Service Provider responsible	Agreed Planned Action/Tasks
Chronic back pain	Improve pain	Dr Esther Sin	Physiotherapy
Impaired glucose tolerance	Euglycaemia	Dr Esther Sin	Monitoring of bloods
Other, please state		Dr Esther Sin	Mental health counsellor

Copy of Management Plan provided to patient: Yes:

GP Management Plan Review Date: 1 December 2025

(recommendations: 6 months after GP initiated Management Plan.

Part 2 Team Care Arrangement - Item 723

Patient eligible for Team Care Arrangement: Yes

Patient agreement for Team Care Arrangement to proceed

I give my permission for my GP to discuss my medical history/diagnosis with the service providers listed below.	Any information the patient wants withheld: No
I understand that referral for service can still go ahead if I do not want information about me made known to the service.	Details (if necessary):
I understand the Management Plan recommendations and agree to the outlined goals.	

Patient/Carer Signature

Date: / /

GP Signature:

Date: 2 / 6 / 25

GP Print Name: Dr Esther Sin

Management Plan Review Date: 1 December 2025

(recommendations: 6 months after GP initiated Management Plan.

Patient eligible for Team Care Arrangement: Yes

REFERRALS MADE:

Name of Agency	Type of service	Contact	Patient/Carer consents to referral	Date referral/contact made
	Counsellor		Yes	
			Yes	
			Yes	

Copy of Management Plan provided to other providers: Yes

Team Care Arrangement Review date: 1 December 2025

