



Referral Form for Individual Allied Health Services under Medicare for patients with a chronic medical condition and complex care needs

Note: GPs can use this form issued by the Department of Health or one that contains all of the components of this form.

To be completed by referring GP:

Please tick:

- Patient has GP Management Plan (item 721) AND Team Care Arrangements (item 723) OR
 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.

GP details

Provider Number

Name

Address Postcode

Patient details

Medicare Number Patient's ref no. Patient's DOB. ____/____/____

First Name Surname

Address Postcode

Allied Health Provider (AHP) patient referred to: (Please specify name or type of AHP)

Name Delta Athletica

Address 901/38 Oxford Street Epping Postcode 2121

Referral details - Please use a separate copy of the referral form for each type of service

Eligible patients may access Medicare rebates for a maximum of 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/Aboriginal and Torres Strait Islander Health Practitioner | 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 | | 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 providers should retain this referral form for record keeping and Department of Human Services (Medicare) audit purposes.

This form may be downloaded from the Department of Health website at www.health.gov.au/mbsprimarycareitems

THE FORM DOES NOT HAVE TO ACCOMPANY MEDICARE CLAIMS