



Department of Health and Ageing

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 and Ageing 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					Patier	nťs ref no.			
First Name Surname									
Address								Postcode	
Allied Health Professional (AHP) patient referred to: (Please specify name or type of AHP)									
Name Dr Tania Leski Medicare Provider: 4617136B P (03)90135133 F (03)90138533									
Address		ChiroCure	Clinic: 2	278 Ink	erman Street, StKil	da East	VIC	Postcode	3183
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		ltem Number	No of services	АНР Туре	ltem Number	No of services	AHP Type	ltem Number
	Aboriginal Health		10950		Exercise Physiologist	10953		Podiatrist	10962
	Worker/Aboriginal and Torres Strait Islander Health Practitioner								
	Audiologist		10952		Mental Health Worker	10956		Psychologist	10968
5	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 professionals should retain this referral form for record keeping and Medicare Australia audit purposes.									
This form may be downloaded from the Department of Health and Ageing website at www.health.gov.au/mbsprimarycareitems									
THE FORM DOES NOT HAVE TO ACCOMPANY MEDICARE CLAIMS									