



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 | | | | | | | | | |