

## 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 c	ompleted by refe	erring GP	):					
Please tic	k:							
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: GP:	s are encouraged to at	ach a copy	of the rele	evant part of the patient's	care plan	to this for	m.	
Medicare rebates and Private Health Insurance benefits cannot <u>both</u> be claimed for these services. Patients should be advised that they must <u>choose</u> whether to access one or the other.								
GP deta	ails							
Provider Number								
Name								
Address							Postcode	
Patient	details							
Medicare Number								
Address Postcode Allied Health Professional (AHP) patient referred to: (Please specify name or type of AHP)								
	earth Professional	(АНР) рат	lient reie	errea to: (Please specil	ly name or	туре ог А ]	ΠP)	
Name						J		
Address							Postcode	
		-		y of the referral form				
				o 5 allied health services of services' column next t			year. Please indicate t	he number
No of		Item	No of		Item	No of		Item
services	AHP Type	Number	services	AHP Type	Number	services	AHP Type	Number
	Aboriginal Health Worke	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							
Referring General     Practitioner's signature       Date signed     Date signed								
The A	HP must provide a writ	ten report to	o the patie	nt's GP after the first and	last servi	ce, and m	ore often if clinically ne	cessary.
A	Allied health profession	als should r	etain this	referral form for record ke	eping and	Medicare	e Australia audit purpos	es.
Allied	health services funded	d by other C	ommonwe	ealth or State/Territory pr this initiative.	ograms ar	e not eligi	ble for Medicare rebate	s under
This fo	orm may be downloade	d from the [	Departmei	nt of Health and Ageing v	vebsite at	www.heal	th.gov.au/mbsprimaryca	areitems
1	-		-	5 0	-			