

GENERAL REFERRAL FORM for Patients

To be completed by referring GP or Practice Nurse

Please Tick:

Patient has GP Management Plan (item 721) AND Team Care Arrangement (item 723) OR

Patient has no Medicare funded Care Plan but requires prescriptive physical activity

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

Exercise Physiology Team, - Green Apple Wellness Centre

21 Bald Hills Road, Bald Hills QLD 4036

Services Available (Please tick service required)

Steady Steps (group)

Lungs in Action (group)

Lift for Life (group)

Heartgrooves (group)

Lifestyle Wellness Program (total care service)

Hydrotherapy (group)

Pilates (Mat/Reformer)

Care Plan (Medicare Referral)

T2D Group Education (Medicare Referral)

Beat It Group (T1D, T2D, Gestation diabetes)

Arthritis Moves (Group Online)

NDIS (Appropriate Supports Available)

DVA (Individual Exercise Prescription)

Paediatric (Prescriptive Exercise)

Referring GP Signature Date signed

Fax form to 07 3261 5787

Enquiries to 07 3261 1249 (Ask for the Allied Health Department)

Email address: info@greenapplewellness.com.au