

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 residential 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.									
First Nam	e				Surna	ame			
Address		Postcode							
Allied Health Provider (AHP) patient referred to: (Please specify name or type of AHP) Name Strongliving Exercise Physiology/Faisal Khan									
						Dantarda	2120		
Address 36 Rider Blvd, Rhodes Postcode 2138									2130
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			Item	No of		Item	No of		Item
services	Δ	HP Type	Number	services	AHP Type	Number	services	AHP Type	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									