

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 Aged Care or one that contains all of the components of this form.								
	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	S							
Provider I	Number							
Name								
Address		Postcode						
Patient	details							
Medicare Number				Patie	nt's ref no.	Patie	ent's DOB/_	/
First Nam	ne			Surna	ame			
Address							Postcode	
Allied H	lealth Provider	(AHP) patient	referre	d to: (Please specify na	me or type	of AHP)		
Name								
Address							Postcode	
Referral	l details – Pleas	se use a sepai	rate cop	y of the referral for	m for eac	ch <u>type</u> c	of service	
				aximum of 5 allied health he 'No. of services' colui				e indicate the
No of		Item			Item	No of		Item
services	AHP Type	Number	No of services	AHP Type	Number	services	AHP Type	Number
	Aboriginal Health Worker/Aboriginal a Torres Strait Islande			Exercise Physiologist	10953		Podiatrist	10962
	Health Practitioner	10952						
	Audiologist			Mental Health Worker	10956		Psychologist	10968
	Chiropractor	10964		Occupational Therapist	10958		Speech Pathologist	10970
	Diabetes Educator Dietitian			Osteopath Physiotherapist	10966			
	Dietitian	10954		T Tryslottlerapist	10900			
Referring General Practitioner's signature				Date	signed			
The A	AHP must provide a	a written report to	the patie	nt's GP after the first <u>an</u>	<u>d</u> last servi	ce, and m	ore often if clinically n	ecessary.
Allie	ed health providers	should retain thi	s referral	form for record keeping	and Servic	es Austra	lia (Medicare) audit pu	rposes.
This form may be downloaded from the Department of Health and Aged Care website.								
THE FORM DOES NOT HAVE TO ACCOMPANY MEDICARE CLAIMS								