

## **Referral Form for Individual Allied Health Services under Medicare for** patients with a chronic medical condition and complex care needs

Please tick:	Note: GPs can use this form issued by the Department of Health or one that contains all of the components of this form.											
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	To be completed by referring GP: Please tick:											
No.  OPs are encouraged to attach a copy of the relevant part of the patient's care plan to this form.    GP details  Provider Number    Name	Patient has GP Management Plan (item 721) AND Team Care Arrangements (item 723) OR											
GP details    Provider Number    Name    Address    Patient details    Medicare Number    Postcode    Patient Stref no.    Patient's DOB.    Address    Postcode    Allied Health Provider (AHP) patient referred to: (Please specify name or type of AHP)    Name  WHR Allied Health - Occupational Therapist    Address  40 Baines Cres, Torquay, Vic, 3228  Postcode    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 Pre- patient's thealth Provided by writing the number in the No. of services' column next to the relevant AHP.    Nordices  AHP Type  Number    services  AHP Type  Number    Services  AHP Type  Number    Aboriginal Health  Nordice  AHP Type  Number    Addresst  0ccupational Ther												
Provider Number	Note: GPs are encouraged to attach a copy of the relevant part of the patient's care plan to this form.											
Name  Postcode    Patient details  Postcode    Medicare Number  Patient's ref no.  Patient's DOB/    First Name  Surname  Postcode    Address  Postcode  Postcode    Allied Health Provider (AHP) patient referred to: (Please specify name or type of AHP)  Postcode    Allied Health Provider (AHP) patient referred to: (Please specify name or type of AHP)  Name    Address  40 Baines Cres, Torquay, Vic, 3228  Postcode    Referral details - Please use a separate copy of the referral form for each type of service  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 and thealth  No of AHP Type  Item Number    Aboriginal Health  10950  Exercise Physiologist  10963    Worker/Aboriginal and Torres Strait Islander  Health  10954  Psychologist  10965    Diabetes Educator  10951  Occupational Therapist  10956  Speech Pathologist  10966    Chriopractor  10964  Physiotherapist  10966  Speech Pathologist  10967    Diabetes Educator  10954  Mental Health Worker  10956	GP details											
Address  Postcode    Patient details  Medicare Number  Patient's ref no.  Patient's DOB/    First Name  Sumame  Postcode    Address  Postcode  Postcode    Allied Health Provider (AHP) patient referred to: (Please specify name or type of AHP)  Postcode    Allied Health Provider (AHP) patient referred to: (Please specify name or type of AHP)  Name    Aldress  40 Baines Cres, Torquay, Vic, 3228  Postcode    Referral details - Please use a separate copy of the referral form for each type of service  Postcode    Referral details - Please use a separate copy of the referral form for each type of services  Postcode    No of services required by writing the number in the 'No. of services' column next to the relevant AHP.  Number    No of services and the referral form for each type of	Provider N	Number										
Patient details    Medicare Number	Name							]				
Medicare Number	Address			Postcode								
First Name  Surname    Address  Postcode    Allied Health Provider (AHP) patient referred to: (Please specify name or type of AHP)    Name  WHR Allied Health - Occupational Therapist    Address  40 Baines Cres, Torquay, Vic, 3228  Postcode    Referral details - Please use a separate copy of the referral form for each type of services  Fostcode    Referral details - Please use a separate copy of the referral form for each type of services  Image of services required by writing the number in the 'No. of services' column next to the relevant AHP.    No of services for a maximum of 5 allied health services (total) in a calendar year. Please indicate the number in the 'No. of services' column next to the relevant AHP.    No of services required by writing the number in the 'No. of services' column next to the relevant AHP.    No of cores Strait Islander Health  No of terreise's terreise's Physiologist 10953    Addrosit Islander Health '10950  Mental Health Worker 10956    Occupational Therapist 10958  Psychologist 10960    Diabetes Educator 10964  Occupational Therapist 10956    Dietitian 10954  Physiotherapist 10960    Referring General Practitioner's signature  Date signed    Practitioner's signature  Date signed    The AHP must provide a written report to the patient's GP after the first and last service	Patient details											
Address  Postcode    Allied Health Provider (AHP) patient referred to: (Please specify name or type of AHP)    Name  WHR Allied Health - Occupational Therapist    Address  40 Baines Cres, Torquay, Vic, 3228  Postcode    Referral details - Please use a separate copy of the referral form for each type of service  Postcode    Eligible patients may access Medicare relates 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  Item Number    Aborginal Health  10950  Exercise Physiologist  10953    Audiologist  10951  Occupational Therapist  10956    Observices feducator  10954  Occupational Therapist  10956    Obsepath  10950  Speech Pathologist  10970    Bibetes Educator  10951  Osteopath  10966    Dibetets advector  10951  Date signed  Torapist    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 Se	Medicare	Number					Patie	ent's ref no.	Patie	ent's DOB/	/	
Allied Health Provider (AHP) patient referred to: (Please specify name or type of AHP)    Name  WHR Allied Health - Occupational Therapist    Address  40 Baines Cres, Torquay, Vic, 3228  Postcode    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  Item Number  No of services' column next to the relevant AHP.    No of vorter/Aboriginal Health Worker/Aboriginal and Torres Strait Islander Health Practitioner  10950  No of Mental Health Worker  10953    Addiologist  10950  Mental Health Worker  10956  Podiatrist  10962    Occupational Therapist  10966  Physiotherapist  10960  Speech Pathologist  10970    Referring General Practitioner's signature  Date signed  Date signed  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.	First Nam	ie					Surn	ame				
Name  WHR Allied Health - Occupational Therapist    Address  40 Baines Cres, Torquay, Vic, 3228  Postcode    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  AHP Type  Item Number  No of exvices Physiologist  10953  No of services  AHP Type  Item Number    Aboriginal Health Morrer  10950  Exercise Physiologist  10953  No of occupational Therapist  10953  Podiatrist  10962    Audiologist  10954  Occupational Therapist  10958  Psychologist  10961    Diabetes Educator  10951  Osteopath  10966  Speech Pathologist  10970    Referring General Practitioner's signature  Date signed  Date signed  Date signed  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.	Address									Postcode		
Name  WHR Allied Health - Occupational Therapist    Address  40 Baines Cres, Torquay, Vic, 3228  Postcode    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  AHP Type  Item Number  No of exvices Physiologist  10953  No of services  AHP Type  Item Number    Aboriginal Health Morrer  10950  Exercise Physiologist  10953  No of occupational Therapist  10953  Podiatrist  10962    Audiologist  10954  Occupational Therapist  10958  Psychologist  10961    Diabetes Educator  10951  Osteopath  10966  Speech Pathologist  10970    Referring General Practitioner's signature  Date signed  Date signed  Date signed  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.												
Address  40 Baines Cres, Torquay, Vic, 3228  Postcode    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  Item Number  No of fervices  AHP Type  Item Services  No of AHP Type  Item Number  No of Services  AHP Type  Item Number  No of Services' column next to the relevant AHP.    Aboriginal Health  10950  No of Services  AHP Type  Item Number  No of Services  AHP Type  Number  Item Services (total) in a calendar year. Please indicate the number in the 'No. of services' column next to the relevant AHP.  No of AHP Type  Item Number    Aboriginal Health  10950  No of Services  AHP Type  Number  Item Services (total) in a calendar year.  No of Services  AHP Type  Number  Services  Podiatrist  10962  Services  Podiatrist  10962  Services  Sepech Pathologist  10968  Sepech Pathologist  10970	Allied H	ealth Pr	ovider (	AHP)	patient	referred	I to: (Please specify na	ame or type	of AHP)			
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  Item Number  No of services' column next to the relevant AHP.    No of services  AHP Type  Item Number  No of services' AHP Type  Item Number    Aboriginal Health Order Straight and Torres Strait Islander Health Practitioner  10950  Services  AHP Type  Item Number    Audiologist  10952  Mental Health Worker  10956  Podiatrist  10962    Chiropractor  10964  Occupational Therapist  10958  Speech Pathologist  10970    Diabetes Educator  10951  Osteopath  10960  Speech Pathologist  10970    Referring General Practitioner's signature  Date signed  Date signed	Name		WHR All	ied He	ealth - O	ccupatio	nal Therapist		]			
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  Item Number    Aboriginal Health rorres Strait Islander Health Practitioner  10950  Item Number    Audiologist  10952  Mental Health Worker  10956    Chiropractor  10964  Occupational Therapist  10958    Diabetes Educator  10951  Osteopath  10966    Practitioner's signature  Date signed  Date signed  Speech Pathologist  10970    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.	Address		40 Bain	nes Cre	es, Torq	uay, Vic,	3228			Postcode		
No of services required by writing the number in the 'No. of services' column next to the relevant AHP.  No of services' column next to the relevant AHP.    No of services  AHP Type  Item Number    Aboriginal Health Worker/Aboriginal and Torres Strait Islander Health Practitioner  10950    Audiologist  10952    Audiologist  10952    Diabetes Educator  10951    Diabetes Educator  10951    Diabetes Educator  10954    Physiotherapist  10960	Referral	l details	- Pleas	e use	a sepai	rate cop	y of the referral fo	rm for eac	ch <u>type</u> o	of service		
No of services  AHP Type  Item Number  No of services  AHP Type  Item 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  Mental Health Worker  10956  Psychologist  10968    Diabetes Educator  10954  Osteopath  10966  Physiotherapist  10960    Referring General Practitioner's signature  Date signed											e indicate the	
services  Number  Services  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  10960  Speech Pathologist  10970    Referring General Practitioner's signature  Date signed					ltem				No of		Item	
Worker/Aboriginal and Torres Strait Islander Health Practitioner  Image: Construction of the patient's GP after the first and last service, and more often if clinically necessary.    Audiologist  10952    Audiologist  10952    Chiropractor  10964    Diabetes Educator  10951    Dietitian  10954    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.	services	A	НР Туре		Number	services	AHP Type	Number	services	AHP Type	Number	
Audiologist  10952    Chiropractor  10964    Diabetes Educator  10951    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.		Worker/A Torres St	boriginal ar rait Islande	nd	10950		Exercise Physiologist	10953		Podiatrist	10962	
Diabetes Educator  10951  Osteopath  10966    Dietitian  10954  Physiotherapist  10960    Referring General Practitioner's signature    Date signed  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.					10952		Mental Health Worker	10956		Psychologist	10968	
Dietitian  10954  Physiotherapist  10960    Referring General Practitioner's signature  Date signed  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.					10964		Occupational Therapist	10958		Speech Pathologist	10970	
Referring General  Date signed    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.		Diabetes Educator			10951		Osteopath	10966				
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.		Dietitian			10954		Physiotherapist	10960				
Allied health providers should retain this referral form for record keeping and Department of Human Services (Medicare) audit purposes.	Referring General    Practitioner's signature    Date signed											
purposes.	The A	HP must	provide a	written	n report to	the patie	nt's GP after the first <u>ar</u>	<u>nd</u> last servi	ce, and m	ore often if clinically ne	ecessary.	
This form may be downloaded from the Department of Health website at www.health.gov.au/mbsprimarycareitems	Allied	l health pr	oviders st	nould re	etain this	referral fo		and Departn	nent of Hu	man Services (Medica	are) audit	
		This form	i may be d	lownloa	aded fron	n the Depa	artment of Health webs	ite at <u>www.ł</u>	nealth.gov	.au/mbsprimarycareite	e <u>ms</u>	
THE FORM DOES NOT HAVE TO ACCOMPANY MEDICARE CLAIMS												