

## **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 c	ompleted by refer	ring 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								
Provider Number								
Name								
Address			Postcode					
Patient details								
Medicare Number				Patier	nt's ref no.			
First Name Surname								
Address							Postcode	
Allied Health Provider (AHP) patient referred to: (Please specify name or type of AHP)								
Name								
Address							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		Item	No of		Item	No of		Item
services	AHP Type	Number	services	AHP Type	Number	services	AHP Type	ltem Number
	Aboriginal Health Worker/Aboriginal and	10950		Exercise Physiologist	10953		Podiatrist	10962
	Torres Strait Islander Health Practitioner							
	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								
					bigned			
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 Medicare Australia 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								