

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

Address Postcode Patient details Medicare Number	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 Address Postcode Patient's ref no. Patient's DOB			refer	ring GP	:								
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Patient details Medicare Number	Name												
Medicare Number	Address		Postcode										
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 services AHP Type tem Number Number Services AHP Type tem Number Services AHP Type tem Number Services AHP Type tem Number Services Podiatrist 10962 Audiologist 10952 Mental Health Worker 10956 Podiatrist 10962 Chiropractor 10964 Occupational Therapist 10958 Speech Pathologist 10970 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	Patient	details										_	
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