Referral form for Group Allied Health Services under Medicare for patients with type 2 diabetes

Note: GPS Ca	an use	tnis ic					ent of Heal is of this fo		n and Ageing of M.	r one tha	it contains
PART A - To b	e com	pletec	by ref	ferring	GP (ti	ck relev	ant boxes	s) :			
☐ Patient has typ				nt Plan (N	MBS item	n 721) OR					
☐ GP has reviewed an existing GP Management Plan (MBS item 732) OR											
Generally, res	idents of	an aged	care fac	ility rely o	on the fa	cility for as	sistance to ma	ana	prepared by the fac age their type 2 diab approach may not b	etes. There	efore, residents
Note: GPs are end	couraged	to attacl	n a copy o	of the rel	evant pa	irt of the pa	atient's care pla	lan t	to this form.		
Please advis	se patien	ts that M	ledicare r	ebates a	nd Priva	te Health I	nsurance bene	efits	s cannot <u>both</u> be cla	aimed for th	is service
GP details											
Provider Number											
Name											
Address										Postcode	
Patient details											
First Name							Surname				
Address										Postcode	
	(diabetes	educato	or, exercis	se physio	ologist or	dietitian),	or the allied he	ealt	es item in a calend th practice, you wish vices.		
Allied Health P	ractitio	ner (or	practic	e) the p	patient	is refer	ed to for As	sse	essment:		
Name of AHP or practice		Rory S	Rory Scott								
Address		Inspire Fitness for Wellbeing, 317 Doncaster Rd, Balwyn North VIC Postcode 3104									
Referring GP's signature							Date				
PART B - To b	e com	pletec	by All	ied He	alth P	rofessio	nal who u	nd	ertakes Asses	sment s	ervice:
Eligible patients ma 2 and 12 persons.	ay acces	s Medica	are rebate	es for up	to 8 allie	ed health g	roup services	in a	a calendar year. Gr	oup size mu	ust be between
Indicate the name	of the pro	ovider/s,	and deta	ils of the	group s	ervice pro	gram.				
Name of provider/s	s:	Г									
Name of program:		Ē									
No. of sessions in	the progr	am:									
Venue (if known):											
Name of Referring	g AHP:						Signature and date	•			
services program.									sment service and a	t completio	n of the group
AHPs should retain					-	_					
Allied health service these items, except									t eligible for Medica	re rebates ι	under
This form may be	download	ded from	the Depa	artment o	of Health	and Agein	g website at w	vww	v.health.gov.au/mbs	primarycar	eitems.
		THIS	S FORM I	DOES N	OT HAV	E TO ACC	OMPANY ME	EDIC	CARE CLAIMS		