



## 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 Ageing or one that contains all of the components of this form.**

**To be completed by referring GP:**

Please tick:

- Patient has GP Management Plan (item 721 or review item 732) AND Team Care Arrangements (item 723 or review item 732)  
 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.

Medicare rebates and Private Health Insurance benefits cannot both be claimed for these services. Patients should be advised that they must choose whether to access one or the other.

**GP details**

Provider Number

Name

Address  Postcode

**Patient details**

Medicare Number           Patient's ref no.

First Name  Surname

Address  Postcode

**Allied Health Professional (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 up to 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 | AHP Type               | Item Number | No of services | AHP Type           | Item Number |
|----------------|--------------------------|-------------|----------------|------------------------|-------------|----------------|--------------------|-------------|
|                | Aboriginal Health Worker | 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              | 10966       |                |                    |             |
|                | 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 professionals should retain this referral form for record keeping and Medicare Australia audit purposes.

Allied health services funded by other Commonwealth or State/Territory programs are not eligible for Medicare rebates under this initiative.

This form may be downloaded from the Department of Health and Ageing website at [www.health.gov.au/mbsprimarycareitems](http://www.health.gov.au/mbsprimarycareitems)

**THE FORM DOES NOT HAVE TO ACCOMPANY MEDICARE CLAIMS**