



Enhanced Primary Care (EPC) Program Referral form for Allied Health Services under Medicare

To be completed by referring GP:

Please tick the relevant box below:

- Patient has a GP Management Plan and Team Care Arrangements in place (new CDM MBS items 721 AND 723) OR
 Patient has an EPC Multidisciplinary Care Plan in place (former MBS items 720, 722 or 730; or new CDM 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

NOTE: Relevant MBS item(s) above must be BILLED by GP prior to patient receiving their first referred allied health service for Medicare rebate to be payable for that service.

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		Dietitian	10954		Physiotherapist	10960
	Audiologist	10952	5	Exercise Physiology	10953		Podiatrist	10962
	Chiropractor	10964		Mental Health Worker	10956		Psychologist	10968
	Chiropodist	10962		Occupational Therapist	10958		Speech Pathologist	10970
	Diabetes Educator	10951		Osteopath	10966			

Referring General Practitioner's signature Date signed

AHP must provide a written report to patient's GP after each service – except where the AHP provides multiple services to a patient under the one referral. In this case, 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/strengtheningmedicare or ordered by faxing (02) 6289 7120.

THIS FORM DOES NOT HAVE TO ACCOMPANY MEDICARE CLAIMS

GPMP & TCA (Item 721 & 723)

PATIENT DETAILS	DOCTOR PREPARING GPMP & TCA
Mr/Mrs: Address: DOB: Medicare No:	Dr: Provider No: Address: Phone: Email:
MEDICAL HISTORY	CURRENT MEDICATIONS
Heart Disease Type 2 Diabetes Hypercholesterolaemia Hypertension Osteoarthritis Osteoporosis Depression Other:	Medication List Attached: Yes No Medications:

NEED	GOAL	ACTIONS	PROVIDERS	REVIEW DATE
Weight Management	Aim for BMI <	Increase physical activity and proper diet	GP Exercise Physiologist Dietician	
Blood Pressure	Aim for BP <	Check every visit, exercise Medication review	GP Exercise Physiologist	
Maintain or improve blood sugars	Aim for HBA1c < % Maintain blood sugars near normal range = 3 – 8 mmol/l	Meal Plan; Regular Meals; Low fat & Low GI; Reduce alcohol; Exercise plan by EP	GP Exercise Physiologist Dietician Diabetes Educator	
Joint Care	Improve range of motion/ function of joints	Range of motion exercises. Muscle strengthening.	GP Exercise Physiologist	

Improve Bone Health	Increase bone density and prevent fractures	Weight Bearing activity, routine activity.	GP Exercise Physiologist	
Depression &/or Anxiety	Improved coping mechanisms for anxiety &/or depression, reduced severity of symptoms	Graded Exercise Therapy (GET), Cognitive Behavioural therapy (CBT), Medication (if necessary)	Exercise Physiologist Psychologist GP	
Control Cholesterol	Aim for: Total Chol < 5 LDL Chol < 3 HDL Chol > 1 Triglycerides < 2	Review physical activity levels, eating habits, medications	GP Exercise Physiologist Dietician	

Comments:

HEALTH PROVIDERS/SERVICES

Care Provider	Category of Care	Phone	Fax
Dr	GP		
Exercise Life Skills Consultancy	Exercise Physiologist	1300 498 445	9345 4709

PATIENT'S AGREEMENT

I have agreed/ my carer has agreed to this team care arrangement and I give my consent that my GP may provide a copy of this TCA to other providers involved in my care.

Signed by Patient/ Carer/ or Verbal:

Date:

Signed by GP:

Date: