

Manjimup General Practice

Shop 6 & 7, Manjimup Shopping Centre, 93 - 101 Mottram St, Manjimup WA 6258

PH: 08 9788 1888 Email: manjimupgp@gmail.com

15.5.23

Rebel Ward

The Movement Wellness Hub/Southern Forest Medical Centre

Corner of Pritchard and Chopping Street

0447670410

Rebel.adelle@gmail.com

RE: Team care Arrangement Consent for Tanya Metcalf

Dear Rebel,

The above mentioned patient has been placed on a Team care Arrangement.

Please indicate your acceptance to participate as a service provider by ticking the appropriate box and emailing it back to us.

YES

NO

Kind regards,

Dr. Jo-An Dovaston





Australian Government

Department of Health and Ageing

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:

Note: GP's are encouraged to attach a copy of the relevant part of the patient's care plan to this form.

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)

GP details

Provider No.	5464914A		
Name	Dr Jo-An Aguirre Dovaston		
Address	Unit 6, 93-101 Mottram Street Manjimup 6258 Ph 0897881888 Fax 0897881889		

Patient details

Medicare No.	6133691079		
First Name	Tanya	Surname	Metcalf
Address	14b Rae Street		

Allied Health Professional (AHP) patient referred to:

Name	Rebel Ward
Address	The Movement Wellness Hub/Southern Forest Medical Centre Corner of Pritchard and Chopping Street, Manjimup

Referral details – 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 (in total) in a calendar year. 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	1	Physiotherapist	10960			

Referring GP's signature

Date signed 15/05/2023

15/05/2023

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.

THIS FORM DOES NOT HAVE TO ACCOMPANY MEDICARE CLAIMS