

Southern Forests Medical Centre

PO Box 1330
4 Lock Street
Manjimup WA 6258

Telephone: (08) 9777 2293 | Fax: (08) 9777 2407



03/10/2023

Miss Rebel Ward
Movement Wellness Hub
5 Prichard Street
Manjimup. 6258
Phone: 0447 670 410
Fax:
Email: rebel.adelle@gmail.com

re. **Ms Isabelle Margaret French**
25 Boronia Street
Manjimup 6258
DOB: 01/04/1965 Medicare: 6004833008
Phone: 0429 036 633

Dear Rebel,

Thank you for seeing Isabelle French for an opinion and management. Ms French has been seeing you for assistance with pain management on her current GPMP and TCA. We had initially allocated 2 sessions to physiotherapy and 2 to chiropractics, however as she is having such good success with your interventions, I am hoping you will be able to see her for the 5 sessions on the current TCA (she wont be needing to see the chiropracter).

Past Medical History:

	Osteoarthritis
1990	Thyroid nodule
2016	Cervical spondylosis
28/03/2019	Hyperthyroidism

colloid nodules on Biopsy

Thyroiditis
under monitoring- not on treatment

Yours faithfully,

A handwritten signature in black ink, appearing to read 'Kayla Mizzi'.

Dr Kayla Mizzi
MBBS, FRACGP
5248193F

DR KAYLA MIZZI
4 LOCK STREET
MANJIMUP WA 6258
PH: 9777 2293
PN: 5248193F

CHRONIC DISEASE MANAGEMENT
Team Care Arrangement: MBS Item 723

Patient's Name: Ms Isabelle Margaret French

Date of Birth: 01/04/1965

Contact Details:

Medicare No.:

25 Boronia Street

6004833008

Manjimup 6258

Home Phone: 0429 036 633

Work Phone:

Mobile Phone: 0429 036 633

Details of Patient's Usual GP:

Details of Patient's Carer (if applicable):

Dr Kayla Mizzi

4 Lock Street (Po Box 1330)

Manjimup 6258

If the patient has a previous or existing care plan, when was it prepared and what were the outcomes?

On: / / By:

Other notes or comments relevant to the patient's care planning:

Medications:

Advantan 0.1% Fatty Ointment

Apply Twice a day to affected areas for 2 weeks.

Femoston Conti 1mg;5mg Tablets

1 Tablet In the morning.

Allergies:

Sertraline

Vomiting, Moderate

I have explained the steps and costs involved, and the patient has agreed to proceed with the service. The patient also agrees to the involvement of other health providers and to share their clinical information without / with restrictions (identify).

.....(GP's Signature & Date)

Patient's Name: Ms Isabelle Margaret French

TEAM CARE ARRANGEMENTS

Patient problems / needs / relevant conditions

Osteoarthritis
Cervical spondylosis
Hyperthyroidism

Goals - changes to be achieved.

Improve mobility
Manage pain
Maintain function

Required treatments and services.

Task	Provider	Due
Physiotherapy	Rebel Ward	08/08/2023

Arrangements for treatments/services.

Provider	Phone	Fax
Rebel Ward	0447 670 410	

Copy of TCA offered to patient? No

TCA added to the patient's records? Yes

Date service was completed: 03/10/2023

Copy / relevant parts of the TCA supplied to other providers? No

Referral forms for Medicare allied health and dental care services completed? Yes

Review Date: 09/02/2024



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) AND Team Care Arrangements (item 723) OR

☐ GP has contributed to or reviewed a multidisciplinary care plan prepared by the patient's aged care facility (item 731)

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 No.	5248193F		
Name	Dr Kayla Mizzi		
Address	4 Lock Street (Po Box 1330) Manjimup WA		Postcode 6258

Patient details

Medicare No.	6004833008 Ref 1 Exp 11/2025		
First Name	Isabelle	Surname	French
Address	25 Boronia Street Manjimup WA		Postcode 6258
Phone	H 0429 036 633 W M 0429 036 633		

Allied Health Provider (AHP) patient referred to:

Name	Miss Rebel Ward		
Address	Movement Wellness Hub 5 Prichard Street Manjimup WA		Postcode 6258
Phone	0447 670 410		

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 (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/Aboriginal and Torres Strait Islander Health Practitioner	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	5	Physiotherapist	10960			

Referring General Practitioner's signature

Date signed 03/10/2023

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 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 website at www.health.gov.au/mbsprimarycareitems

THIS FORM DOES NOT HAVE TO ACCOMPANY MEDICARE CLAIMS