

07/09/2023
Miss Rebel Ward
Movement Wellness Hub
5 Prichard Street
Manjimup 6258
Phone: 0447 670 410
Fax:

Dear Rebel

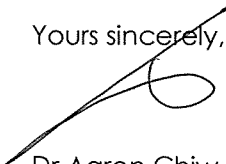
Mrs Lorraine Ewing
Unit 1 / 25 Duffield Street
Manjimup 6258

DOB: 11/01/1949
Home Phone: 0410 016 510 Mobile Phone: 0410 016 510

I am setting up a team care arrangement for this patient, a copy should have accompanied this letter, and I would appreciate your involvement. She has Osteoarthritis, Chronic back pain and bilateral lower leg pain and would benefit from a continued coordinated plan of management.

I would appreciate your feedback by completing the details below and faxing this page back to me.

Yours sincerely,



Dr Aaron Chiw
MD-BSc
557702DJ

Communication re team care arrangement

I, Miss Rebel Ward, in reference to the Team Care Arrangements for this patient

(please tick boxes as appropriate)

- ☐ I am willing to be involved in the Team Care Arrangements, and please use my usual correspondence as input.
- ☐ I am willing to be involved in the Team Care Arrangements, and would like to make some changes to the plan *(please attach your suggested changes)*

Signature:.....

Date:...../...../.....

Enhanced Primary Care (EPC) Program

Referral form for individual Allied Health Services under Medicare

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

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
	Aboriginal Health Worker	10950
	Audiologist	10952
	Chiropractor	10964
	Diabetes Educator	10951
	Dietitian	10954

No of services	AHP Type	Item Number
	Exercise Physiologist	10953
	Mental Health Worker	10956
	Occupational Therapist	10958
	Osteopath	10966
5	Physiotherapist	10960

No of services	AHP Type	Item Number
	Podiatrist	10962
	Psychologist	10968
	Speech Pathologist	10970

Referring General

Practitioner's signature



Date signed

7/9/23

The AHP must provide a written report to the patient's GP after the first and last service, and more often if clinically necessary.

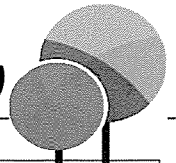
Allied health professionals should retain this referral form for record keeping and Medicare Australia audit purposes.

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/epc or ordered by faxing (02) 6289 7120 or by phoning (02) 6289 4297.

THIS FORM DOES NOT HAVE TO ACCOMPANY MEDICARE CLAIMS

GP Management Plan and Team Care Arrangement (Item 721&723)



Patient Name:	LORRAINE EWING	DOB:	11/01/49
Doctor:	A. CHIU		

BMI:	26.4	Weight:	71 kg	Height:	164 cm	Waist:	88 cm	BP:	141/58	Pulse:	89
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DIABETES		HbA1c	
IGT		Diet Controlled	
Type 1		Oral Agents	
Type 2		Insulin	
		BSL	

OBESITY	BMI

CARDIO VASCULAR DISEASE			
IHD		Cardiac Failure	
Valvular Disease		Arrhythmia	
Warfarin		NOAC	

RESPIRATORY					
Asthma		COPD		Other	
Peak Flow / Spiro					

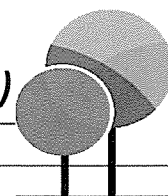
NEUROLOGICAL			
CVA		Other – Parkinson's / MS etc	
Dementia		MMSE	

MUSCULOSKELETAL			
Osteoarthritis		Other	
Rheumatoid		Lumbar Spondylosis	

CANCER		
Palliative	Yes / No	

Other Issues:

GP Management Plan and Team Care Arrangement (Item 721&723)



Patient Name:		DOB:	
GOALS			
Hb1Ac:			
BMI/Weight:			
Start/Improve monitoring BSL:			
Improve physical activity:			
Improve dietary intake:	Newly diagnosed – diet/lifestyle management		
	Newly diagnosed – medication management		
	Existing condition – poor BGL control		
	Existing condition – change to medication		
	Existing condition – commencing insulin therapy		
	Other		
Quit smoking:			
Monitor for complications:	Foot		
	Eyes		
	BP		
Other issues and comments:			
Referrals Sent	Yes		
Patient to arrange appointments	Yes		
Recall in MD3	Yes		
NEXT REVIEW DATE:			
MONITORING			
	3 MONTHLY	6 MONTHLY	ANNUALLY
Routine Bloods			
Diabetic – HbA1c			
Albumin / Creatinine Ratio			
Thyroid Function			
PSA			
Iron Studies			
Other:			
GPMP / TCA Review Date:			
PRIVATE CLINICIAN NO EPC		PRIVATE CLINICIAN WITH EPC	
Optometrist - Specsavers	✓	Podiatrist – Geoff Dickson	
Pharmacist - Ambassadors		Physiotherapist – Michael Christofis	
Pharmacist – Terry White Chemmart		Audiologist – Iain Summerlin	
Desmond Program		Carla Hall Telehealth Dietitian (MGP)	
Diabetes Educator – Silver Chain		Chiropractor – Warren District	
Glynis Purkiss		Chiropractor – Anthony Manning	
Cardiologist – Heartcare/ Genesis		COMMUNITY	
Dr N. Sindhu (Optical)	✓	GP Down South - Exercise Physiologist (GPDS – ICDC ONLY)	
		GP Down South - Dietitian (separate GPDS referral to be completed GPDS – ICDC ONLY)	
PRIVATE CLINICIAN WITH EPC		WDH – COMMUNITY SERVICES	
		Dietician	✓
		Podiatrist	
		Physiotherapy	
		Social Worker	
		Occupational Therapy	
		Speech Pathology	
		Continence Nurse	
		Asthma Educator	
		Palliative Care Nurse	
		Cancer support Nurse	
		Child Development Nurse	
		HEAL Program	

Doctors Signature: _____ Date: 30/3/23

Patients Signature: _____ Date: _____

Patient Health Summary

Name: Mrs Lorraine Ewing
Address: Unit 1 / 25 Duffield Street
Manjimup 6258
D.O.B.: 11/01/1949
Record No.:
Home Phone: 0410 016 510
Work Phone:
Mobile Phone: 0410 016 510

Southern Forests Medical Centre
4 Lock Street (Po Box 1330)
Manjimup 6258
08 9777 2293

Printed on 7th September 2023

Allergies/Adverse reactions:

Tapentadol
Tramadol
Amitriptyline
Mirtazapine

Current Medications:

. Terry White Manjimup Amlodipine 10mg Tablet	1 Tablet In the morning Substitute while Sevikar HCT is not available.
Augmentin Duo Forte 875mg;125mg Tablet	1 Tablet Twice a day For 5 days.
Calcia + Vitamin D 500mg; 400IU Chewable Tablets	1 Tablet 1- 2 tablets daily.
Ciclesonide 80 mcg/actuation Inhaler	1 puff In the morning Rinse mouth post-use.
Femara 2.5mg Tablet	1 Tablet In the morning.
Folic Acid 5mg Tablet	1 Tablet In the morning.
Levothyroxine 75mcg Tablet	1 Tablet In the morning.
Olmesartan /Amlodipine/Hydrochlorothiazide 40mg;10mg;25mg Tablets	1 Tablet In the morning.
Olmesartan /Hydrochlorothiazide 40mg;25mg Tablet	1 Tablet In the morning Substitute while Sevikar HCT is not available.
Panadol Osteo 665mg Tablet	2 Tablets Three times a day.
Pantoprazole 40mg Tablet	1 Tablet In the morning.
Temgesic Sublingual 0.2mg Sublingual Tablets	1 Tablet Every 12 hours p.r.n.

Active Past History:

	Diverticulosis	
	Osteoarthritis	
	Gord (Gastro-Oesophageal Reflux Disease)	
1965	Chronic Fatigue Syndrome	
2002	Hypertension	
2003	Hypothyroid	
06/08/2019	Cervical stenosis	D. Madigasekara
04/11/2021	Right Breast cancer	

Immunisations:

21/04/2017	FLUARIX TETRA (Influenza)
06/06/2017	PNEUMOVAX 23 (Pneumococcus (23 valent))
08/05/2018	FLUZONE HIGH-DOSE (Influenza)
22/08/2018	BOOSTRIX (Pertussis, Diphtheria, Tetanus)
22/08/2018	VAQTA (ADULT)
23/05/2019	FLUAD (Influenza)
06/04/2020	Fluad (Influenza)
27/04/2021	Fluad Quad (Influenza)
08/06/2021	COVID 19 Vaccine AstraZeneca (COVID-19)
31/08/2021	COVID 19 Vaccine AstraZeneca (COVID-19)
25/01/2022	Pfizer Comirnaty (COVID-19)
08/04/2022	Fluad Quad (Influenza)
08/06/2022	Pfizer Comirnaty (COVID-19)
13/07/2022	Prevenar 13 (Pneumococcus (13 valent))
16/08/2022	Zostavax (Herpes Zoster)
12/06/2023	Pfizer Comirnaty Biv BA.4-5 (COVID-19)
14/06/2023	Fluad Quad (Influenza)