Southern Forests Medical Centre

PO Box 1330 4 Lock Street Manjimup WA 6258

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



08/08/2023

Rebel Ward Movement Wellness Hub 5 Prichard Street Manjimup. 6258 Phone: 0447 670 410

Fax: EMAIL

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 is a lovely 58 year old woman who has pain associated with osteoarthritis and cervical spondylosis. We have compelted a GPMP and TCA today and I am hoping you will be part of her team and see her for 2 sessions of physio.

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,

Ďr Kayla Mizzi MBBS, FRACGP 5248193F



Referral Form for Individual Allied Health Services under Medicare for patients with a chronic medical condition and complex care needs

					ondition and co	-				
Note: GP:	s can use	this form is	sued by th	e Departn	nent of Health and A this form.	geing or o	one that co	ntains all of the con	nponents of	
Γo be con	npleted b	y referring G	P:							
Please tick	k:	Note: GP	's are enco	uraged to	attach a copy of the r	elevant pa	rt of the pat	ient's care plan to thi	s form.	
□ Patie	nt has GP	Managemen	t Plan (iter	n 721) AN	D Team Care Arrang	ements (ite	m 723) OR			
∃ GP h	as contrib	uted to or rev	iewed a m	ultidisciplin	ary care plan prepare	ed by the p	atient's age	ed care facility (item 7	31)	
Medicare	rebates ar	nd Private He	alth Insura	nce benefit	s cannot <u>both</u> be clái	med for the	ese service	s. Patients should be	advised tha	
			they	must <u>choos</u>	se whether to access	one or the	other.			
3P details	S									
Provider N	lo. [5	5248193F								
Name		Dr Kayla Mizzi								
Address		Lock Street	(Po Box 13	30) Manjin	nup WA		Po	Postcode 6258		
Patient de	etails						in Strain and Raisean (T.S.			
Medicare I	No. 6	004833008	Ref 1 Exp	11/2025						
First Name		Isabelle Surname					French			
Address	2	25 Boronia Street Manjimup WA					Postcode 6258			
Phone	F	H 0429 036 633 W M 0429 036 633								
Allied Hea	alth Provi	ider (AHP) p	atient refe	rred to:						
Name		Rebel Ward	initia est terres ple for de 200 del 1905				1			
\ddress	1	Movement Wellness Hub						Postcode 6258		
	5	5 Prichard Street Manjimup WA								
Phone	T	0447 670 410								
Referral d	letails – P	lease use a :	separate c	opy of the	referral form for ea	ch type of	service			
					d health services (in tot ne relevant AHP.	al) in a cale	ndar year. In	dicate the number of se	rvices require	
No of services	АН	Р Туре	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	
2	Chiropractor		10964		Occupational Therapist	10958		Speech Pathologist	10970	
	Diabetes Educator		10951		Osteopath	10966				
	Dietitian		10954	2	Physiotherapist	10960				
	ner's signa The AHP m	ust provide a w	ritten réport	to the patier	nt's GP after the first and	signed 08	e, and more	often if clinically necess	ary.	
		Allied health pr	ofessionals	should retair	n this for record keeping	and Medica	re Australia	audit purposes. licare rebates under this		

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