

27/10/2023
Miss Rebel Ward
Movement Wellness Hub
5 Prichard Street
Manjimup 6258
Phone: 0447 670 410
Fax:

Dear Rebel

Mr Graham Donald Muir
Rmb 1380 Buranganup Road
Mordalup 6258

DOB: 03/08/1939
Home Phone: 9769 1025 Mobile Phone: 0427 691 025

I am setting up a team care arrangement for this patient, a copy should have accompanied this letter, and I would appreciate your involvement. He has **chronic back 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

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

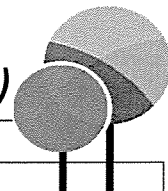
Allied health professionals should retain this referral form for record keeping and Medicare Australia audit purposes.

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:	Graham Muir	DOB:	3/9/1939
Doctor:	A. C. D.		

BMI:	Weight:	kg	Height:	cm	Waist:	cm	BP:	/	Pulse:
------	---------	----	---------	----	--------	----	-----	---	--------

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					

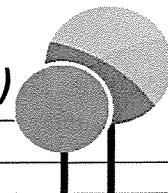
NEUROLOGICAL			
CVA		Other – Parkinson's / MS etc	
Dementia		MMSE	

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	WDH – COMMUNITY SERVICES
Optometrist - Specsavers	✓ Podiatrist – Geoff Dickson	Dietician
Pharmacist - Ambassadors	Physiotherapist – Michael Christofis 5	Podiatrist
Pharmacist – Terry White Chemmart	Occupational Therapy – Dyan Dent	Physiotherapy
		Social Worker
Desmond Program	Chiropractor – Daniel Ward	Occupational Therapy
Diabetes Educator – Silver Chain	Audiologist – Iain Summerlin	Speech Pathology
Glynis Purkiss	Carla Hall Telehealth Dietitian (MGP)	Continence Nurse
Cardiologist – Heartcare/ Genesis	COMMUNITY	Asthma Educator
Dr G. Barron (Card)	✓ GP Down South - Exercise Physiologist (GPDS – ICDC ONLY)	Palliative Care Nurse
Dr C Low (Ophthal)	✓ GP Down South - Dietitian (separate GPDS referral to be completed GPDS – ICDC ONLY)	Cancer support Nurse
		Child Development Nurse

Doctors Signature: _____ Date: 25/10/22

Patients Signature: _____ Date: _____

Patient Health Summary

Name: Mr Graham Donald Muir
Address: Rmb 1380 Buranganup Road
Mordalup 6258
D.O.B.: 03/08/1939
Record No.:
Home Phone: 9769 1025
Work Phone: 0427 691 001
Mobile Phone: 0427 691 025

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

Printed on 27th October 2023

Allergies/Adverse reactions:

Celecoxib gastritis, Moderate

Current Medications:

. DAA Terry White Manjimup	
Aspirin 100mg Tablet	1 Tablet In the morning.
Atorvastatin 80mg Tablet	1 Tablet In the evening.
Bisoprolol 2.5mg Tablet	½ In the morning.
Brinzolamide /Timolol 1%; 0.5% Eye drops	1 drop Before bed both eyes.
Buscopan 10mg Tablet	1 Tablet Three times a day p.r.n.
Coloxyl with Senna 50mg;11.27mg Tablet	1 Tablet Twice a day p.r.n.
Melatonin 2mg Tablet, modified release	1 Tablet Before bed.
Movicol 13.125g per sachet Sachet	1 Sachet Twice a day.
Pantoprazole 40mg Tablet	1 Tablet Daily.

Active Past History:

	Bowel cancer	
1969	Lumbar spondylosis	
2014	Benign Prostatic Hypertrophy	S. Chapman
21/09/2021	Bilateral Glaucoma	
23/09/2022	Gastro-oesophageal reflux disease	

Inactive Past History:

1961	Appendicectomy	
2005	Right Total hip replacement	H. Stock
2017	Spinal surgery	
12/01/2021	Right Subacromial bursitis	
12/01/2021	Right Supraspinatus tendon tear	
18/11/2021	TURP	S. Chapman
06/2022	NSTEMI	

Immunisations:

16/05/2017	Zostavax (Herpes Zoster)
03/04/2020	Fluad (Influenza)

12/05/2021	Fluad Quad (Influenza)
26/05/2021	COVID 19 Vaccine AstraZeneca (COVID-19)
18/08/2021	COVID 19 Vaccine AstraZeneca (COVID-19)
12/01/2022	Pfizer Comirnaty (COVID-19)
08/04/2022	Fluad Quad (Influenza)
26/05/2022	Pfizer Comirnaty (COVID-19)
13/03/2023	Prevenar 13 (Pneumococcus (13 valent))
13/03/2023	Pfizer Bivalent Comirnaty (COVID-19)
02/05/2023	Fluad Quad (Influenza)