

21/02/2024

Miss Rebel Ward
Movement Wellness Hub
5 Prichard Street
Manjimup 6258
0447 670 410

Dear Rebel

Mrs Pamela June Tink
63 Springdale Road
Manjimup 6258
DOB: 17/06/1944
Home Phone: 9771 2026 Mobile Phone: 9771 2026

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 Type 2 Diabetes Mellitus and Osteoarthritis 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 Peter Wutchak
MB BS, DRANZCOG, FRACGP
205880TF

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*)
- ☐ I decline to be involved in the Team Care Arrangement. (Please provide reasoning where applicable)

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: 205880TF

Name: Dr Peter Wutchak

Address: 4 Lock Street (Po Box 1330), Manjimup Postcode 6258

Patient details

Medicare Number: 6050750949

First Name: Pamela Surname: Tink

Address: 63 Springdale Road, Manjimup Postcode 6258

Allied Health Professional (AHP) patient referred to: (Please specify name or type of AHP)

Name: Miss Rebel Ward

Address: , Manjimup Postcode 6258

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	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	5	Physiotherapist	10960			

Referring General

Practitioner's signature



Date signed

21/2/24

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

Patient Health Summary

Name: Mrs Pamela June Tink
Address: 63 Springdale Road
Manjimup 6258
D.O.B.: 17/06/1944
Record No.:
Home Phone: 9771 2026
Work Phone:
Mobile Phone: 9771 2026

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

Printed on 21st February 2024

Allergies/Adverse reactions:

Elastoplast

Current Medications:

. Ambassadors Pharmacy	
Aspirin 100mg Capsule	1 Capsule In the morning.
Atorvastatin 20mg Tablet	1 Tablet In the morning As directed.
Celecoxib 100mg Capsule	1 Capsule Twice a day with meals.
Duloxetine 30mg Capsule	1 Capsule In the morning.
Metformin 500mg Tablet, extended release	1 Tablet Twice a day.
Minax 50 50mg Tablet	½ Twice a day.
Panadol Osteo 665mg Tablet	2 Tablets Three times a day p.r.n.
Ramipril 1.25mg Tablet	1 Tablet In the morning.
Seretide Accuhaler 250/50 250mcg;50mcg/dose Powder	1 puff Before bed Rinse mouth post-use.

Active Past History:

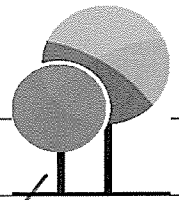
	Arthritis
	Asthma
	Hypercholesterolaemia
	Hypertension
15/10/2021	Type 2 Diabetes Mellitus
29/07/2022	Nodule - lung

Immunisations:

18/04/2018	FLUZONE HIGH-DOSE (Influenza)
11/04/2019	FLUAD (Influenza)
16/04/2020	Fluad Quad (Influenza)
09/04/2021	Fluad Quad (Influenza)
01/02/2022	Moderna Spikevax (COVID-19)
17/02/2022	Moderna Spikevax (COVID-19)
11/04/2022	Fluad Quad (Influenza)
31/05/2022	Moderna Spikevax (COVID-19)
08/02/2023	Prevenar 13 (Pneumococcus (13 valent))
08/02/2023	Zostavax (Herpes Zoster)

04/05/2023 Pfizer Comirnaty Biv BA.4-5 (COVID-19)
04/05/2023 Flud Quad (Influenza)

GP Management Plan Review – (Item 732)



Patient Name:	PAMELA TINK	DOB:	17/6/44
Doctor:	LUTCHAK		

Height		Weight		BMI		BP		Pulse		HbA1c	6.4
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Patient Consent:

Explanation of the review process given?	Yes	No
Patient consent for the review given?	Yes	No
Date consent was given:	21/2/24	

Previous GP Management Plans:

Has the patient had a previous GP Management Plan?	Yes	
Date of last GP Management Plan (if known):	24/03/23	
Last GP Management Plan provided by Doctor:	LUTCHAK	

Review of previous GP Management Plan goals:

Goals:	Have goals been met:	Further actions required:
HbA1c ≤ 7.0	Yes	no change
WT $\leq 70kg$	68.6	no change
Asthma Control	- Yes	cont med
DA Control	- Yes	

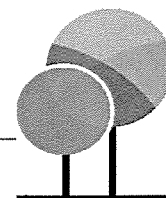
Is a revised (new) GP Management Plan (721) required?	Yes	No
Review of GP Management Plan goals discussed with patient?	Yes	No
Copies of the review sent to providers involved in the plan?	Yes	No

Next Review Date:	18/24
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DOCTORS SIGNATURE:

Date: 21/2/24

Team Care Arrangement REVIEW - (Item 732)



Patient Name:	PATRICIA TINK	DOB:	17/6/44
Doctor:			

Height		Weight		BMI		BP		Pulse		HbA1c	
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Review of Team Care Arrangement Goals:

Goals:	Have goals been met:	Further actions required:
see Rebel Hard	- yes	
see optometry	- yes	
Not wanting podiatry		

Questions	Yes	No
Is a revised (new) Team Care Arrangement (item 723) required?		<input checked="" type="checkbox"/>
Review of a Team Care Arrangement discussed with patient?	<input checked="" type="checkbox"/>	
Copies of Team Care Arrangement Review given to patient and relevant providers?		

Next Review Date:	18/1/24
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SFMC		PRIVATE		WARREN HOSPITAL	
Diabetes Educator		Align Podiatry		Podiatry	
Asthma Educator		Exercise Physiology		Occupational Therapist	
HMR –Abassadors		Physio Group South West		Speech Pathologist	
Aboriginal Health Worker		Chiropractor		Dietician	
PRIVATE		Ophthalmology		Physiotherapist	
Osteopath		Rebel Hard	5	Social Worker	
Psychologist					

DOCTORS SIGNATURE:

Date:

21/2/24