

08/03/2024

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

Dear Rebel

Mr Geoffrey Scott Mabey
78 Glenoran Road
Manjimup 6258

DOB: 07/04/1946

Home Phone: 9772 1001

Mobile Phone: 0407 015 742

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 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 Aaron Chiw
MD-BSc, FRACGP
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*)
- ☐ 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

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

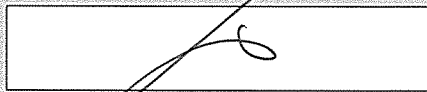
Referral details – Please use a separate copy of the referral form for each type of service

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	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

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: Mr Geoffrey Scott Mabey
Address: 78 Glenoran Road
Manjimup 6258
D.O.B.: 07/04/1946
Record No.:
Home Phone: 9772 1001
Work Phone:
Mobile Phone: 0407 015 742

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

Printed on 8th March 2024

Allergies/Adverse reactions:

Clopavix cause cyst to explode in kidneys

Current Medications:

. Terry White Manjimup	Apply Daily.
Advantan 0.1% Fatty Ointment	1 Capsule Twice a day with meals p.r.n.
Celecoxib 100mg Capsule	1 Tablet In the morning.
Clopidogrel 75mg Tablet	1 Injection periodically - not more frequent then monthly.
Depo-Medrol 40mg/mL Injection	1 Capsule In the morning.
Duodart 500mcg; 400mcg Capsule	1 Capsule Daily.
Esomeprazole 40mg Capsules	1 Tablet In the morning p.r.n.
Frusemide 40mg Tablet	1 Tablet In the morning on an empty stomach 30 minutes before food or other medications.
Levothyroxine 100mcg Tablet	1 Capsule Twice a day.
Nizac 150mg Capsule	2 puffs Every 4 hours p.r.n. via spacer PRN.
Salbutamol CFC-Free with counter 100mcg/dose Inhaler	
Symbicort 200/6 200mcg;6mcg/dose Turbuhaler	2 puffs Twice a day As directed Rinse mouth post-use.

Active Past History:

Asthma - Chronic Persistent	Since Childhood, allergic component
Elevated PSA	?benign.
	Known to Dr Crow Urology
	TURP done ?2013

1987	Hypothyroidism
1998	Hiatus Hernia
2002	Diverticulosis
2013	Benign Prostatic Hypertrophy
2017	Hypertension
07/12/2018	Osteoporosis - Preventive Care
23/09/2019	Seborrhoeic dermatitis

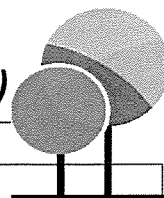
Inactive Past History:

1990	Renal Colic	
1992	Epigastric Hernia Repair	
2000	Ulcerative Oesophagitis	
2002	Haemorrhoidectomy	
20/12/2007	Right Developmental Venous Anomaly Basal Ganglia	
20/12/2007	Stroke - Ischaemic	posterior, presented with vertigo
2008	Right Subclavian Artery Aneurysm	
2012	Right Perinephric Haematoma	ruptured cyst in the setting of change to coplavix
2017	Iron Deficiency - Anaemia	
2017	Polyp(S) - Colonic	
11/09/2020	Orthostatic HYPERTension	

Immunisations:

03/02/2017	Zostavax (Herpes Zoster)
01/08/2018	FLUVAX (Influenza)
05/06/2019	FLUAD (Influenza)
07/04/2020	Fluad (Influenza)
08/04/2021	Fluad Quad (Influenza)
25/05/2021	COVID 19 Vaccine AstraZeneca (COVID-19)
17/08/2021	COVID 19 Vaccine AstraZeneca (COVID-19)
20/01/2022	Pfizer Comirnaty (COVID-19)
06/04/2022	Fluad Quad (Influenza)
31/05/2022	Pfizer Comirnaty (COVID-19)
18/04/2023	Fluad Quad (Influenza)
20/09/2023	Pfizer Comirnaty Biv BA.4-5 (COVID-19)
07/03/2024	Prevenar 13 (Pneumococcus (13 valent))

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



Patient Name:	<i>Geoffrey WABEY</i>	DOB:	<i>7/4/1946</i>
Doctor:	<i>A. AND</i>		

BMI: <i>23.6</i>	Weight: <i>74</i> kg	Height: <i>177</i> cm	Waist: <i>91</i> cm	BP: <i>101/60</i>	Pulse: <i>72</i>
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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					

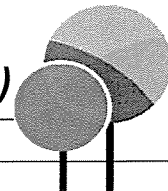
NEUROLOGICAL			
CVA		Other – Parkinson's / MS etc	
Dementia		MMSE	

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		WDH – COMMUNITY SERVICES	
Optometrist - Specsavers		Podiatrist – Geoff Dickson		Dietician	
Pharmacist - Ambassadors		Physiotherapist – Michael Christofis		Podiatrist	
Pharmacist – Terry White Chemmart		Occupational Therapy – Dyan Dent		Physiotherapy	
		(Bridget) Rebel Wilson		Social Worker	
Desmond Program		Chiropractor – Daniel Ward	5	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	
GPAC Nurse		GP Down South - Exercise Physiologist (GPDS – ICDC ONLY)		Palliative Care Nurse	
		GP Down South - Dietitian (separate GPDS referral to be completed GPDS – ICDC ONLY)		Cancer support Nurse	
				Child Development Nurse	

Doctors Signature: _____ Date: 2/3/24

Patients Signature: _____ Date: _____