

## Chronic Disease Management (CDM) Program

### Referral Form for Allied Health Services under Medicare

#### To be completed by referring GP

Please tick the relevant box below:

- ☒ Patient has a GP Management Plan and Team Care Arrangements in place (new CDM MBS items 721 AND 723) OR
- ☐ Patient has an EPC Multidisciplinary Care Plan in place (former MBS items 720, 722 or 730; or new CDM 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

0645644X

**NOTE: Relevant MBS item(s) above must be BILLED by GP prior to patient receiving their first referred allied health service for Medicare rebate to be payable for that service.**

Name

Dr Louisa Hope

Address

11 Mostyn Street  
CASTLEMAINE 3450

#### Patient Details

Medicare Number

3200696319

Patient's Ref. No.

52527

First Name

Megan

Surname

Tudor

Address

20 Johns Road  
Maldon 3463  
Maldon 3463

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

Allied Health Professional

Lesley Likens

Address

19 Walker Street  
Castlemaine 3450

#### 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.

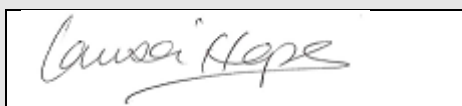
No of services	AHP Type	Item No.
	Aboriginal Health Worker	10950
	Audiologist	10952
	Chiropractor	10964
	Chiropodist	10962
	Diabetes Educator	10951

No of services	AHP Type	Item No.
	Dietitian	10954
	Exercise Physiology	19053
	Mental Health Worker	10956
	Occupational Therapist	10958
5	Osteopath	10966

No of services	AHP Type	Item No.
	Physiotherapist	10960
	Podiatrist	10962
	Psychologist	10968
	Speech Pathologist	10970

#### Referring General

Practitioner's signature



Date Signed:

15/04/2025

AHP must provide a written report to patient's GP after each service – except where the AHP provides multiple services to a patient under the one referral. In this case, 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/strengtheningmedicare](http://www.health.gov.au/strengtheningmedicare) or ordered by faxing (02) 6289 7120.

**THIS FORM DOES NOT HAVE TO ACCOMPANY MEDICARE CLAIMS**