

Referral form for Group Allied Health Services under Medicare for patients with type 2 diabetes

Note: GPs can use this	form issu	ied by the Department of Health or o	ne that contains a	II of the components o	f this form.		
PART A – To be compl	eted by re	eferring GP (tick relevant boxes):					
☐ Patient has type 2	diabetes	AND either					
GP has prepared a new GP Management Plan (MBS item 721) OR							
☐ GP has reviewed a	n existing	GP Management Plan (MBS item 7	32) OR				
care facility (MBS i	tem 731) es. There	I aged care facility, GP has contribut [Note: Residents of residential aged fore, residents may not need to be re priate.]	care facilities may	y rely on the facility for	assistance to	o manage	
Note: GPs are encoura	ged to at	tach a copy of the relevant part of the	e patient's care pla	an to this form.			
Please advise pa	atients tha	at Medicare rebates and Private Heal	th Insurance bene	fits cannot <u>both</u> be cla	imed for this	service	
GP details							
Provider Number							
Name							
Address					Postcode		
Patient details							
First Name			Surname				
Address					Postcode		
the practitioner (diabete assessment. The asse	es educat ssment m	ss Medicare rebates for one assessr or, exercise physiologist or dietitian), nust be done before the patient can a ctice) the patient is referred to for ass	or the allied healt access group servi	h practice, you wish to			
Name of AHP or practice Thri		ve Dietetics					
Address	42 N	North Lakes Drive, North Lakes, QLD			Postcode	4509	
Referring GP's signat	ure		Date				
Eligible patients may ac Group size must be bet	ccess Med ween 2 a	llied health provider (AHP) who unded dicare rebates for up to 8 allied health and 12 persons. r/s, and details of the group service p	th group services				
Name of provider/s:		Kimberley Staneke					
Name of programme:		BGLs to Thrive - 8 Week Program					
No. of sessions in programme:		8					
Venue (if known):		Our Medical Home North Lakes					
Name of referring AHI	P :		Signature and date				
completion of the group Department of Human S	services Services gible for I	ride, or contribute to, a written repor programme. Allied health providers (Medicare) audit purposes. Allied he Medicare rebates under these items,	should retain a co alth services fund except where the	opy of the referral form ed by other Commonw service is operating ur	for record ke realth or State	eeping and e/Territory	
	T	HIS FORM DOES NOT HAVE TO A	CCOMPANY ME	DICARE CLAIMS			