

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

Note: GPs	can use t	this form issued by t	the Department of H	lealth or one that cor	ntains all of the components of this form.
PART A – To be co	ompleted	by referring GP (tick	k relevant boxes):		
☐ Patient has typ	oe 2 diabe	etes AND either			
GP has prepared a new GP Management Plan (MBS item 721) OR					
☐ GP has review	ed an exi	sting GP Manageme	ent Plan (MBS item	732) OR	
Generally, res may not need	idents of a to be refe	an aged care facility erred for allied health	rely on the facility for rely on the facility	or assistance to mar	n prepared by the facility (MBS item 731) [Note: nage their type 2 diabetes. Therefore, residents nt approach may not be appropriate.] n to this form.
Please advis	se patient	s that Medicare reba	ates and Private He	alth Insurance benef	fits cannot both be claimed for this service
GP details					
Provider Number					
Name					
Address					Postcode
Patient details					
First Name				Surname	
Address					Postcode
•	The asses	ssment must be don	e before the patient	can access group se	alth practice, you wish to refer the patient to for ervices.
Name of AHP or p	ractice	practice) the patient	it is referred to for A	ssessment.	
	ractice	p	it is relented to for A	ssessment.	Postcode
Name of AHP or p	[	p. 30.000 / 11.0 p. 11.0	it is referred to for A	)	Postcode
Name of AHP or p	[	p. 30.000 y 11.0 p 31.00	it is referred to for A	Date	Postcode
Name of AHP or p  Address  Referring GP's significant of the significa	gnature [ completed ay access e betweer of the pro	by Allied Health Pro	ovider who undertak for <b>up to 8</b> allied hea	Date es Assessment servialth group services ir	ice:
Name of AHP or positive Address  Referring GP's significant and address  PART B — To be concluded by the Bernard Berna	gnature [ completed ay access e betweer of the pro	by Allied Health Pro Medicare rebates for 2 and 12 persons.	ovider who undertak for <b>up to 8</b> allied hea	Date es Assessment servialth group services ir	ice:
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Name of AHP or positive Address  Referring GP's signature and address  PART B — To be an Eligible patients and Group size must be Indicate the name Name of provider/s  Name of program:  No. of sessions in Venue (if known):  Name of Referring Allied Health Provice addit purposes. Allied in Allied Health Provice addit purposes.	gnature [ completed ay access e betweer of the product of the prod	by Allied Health Pros Medicare rebates for 2 and 12 persons. vider/s, and details  am:  t provide, or contributices program. AHP in services funded by	ovider who undertaktor up to 8 allied heat of the group service ute to, a written repos should retain a coy other Commonwea	es Assessment services in alth group services in program.  Signature and date out to the patient's Gopy of the referral for	ice: n a calendar year.  SP after the Assessment service and at m for record keeping and Medicare Australia y programs are not eligible for Medicare rebates
Name of AHP or post Address  Referring GP's signal PART B – To be concerned to Eligible patients manager of provider/s Indicate the name Name of provider/s Name of program:  No. of sessions in Venue (if known):  Name of Referring Allied Health Provident of the gaudit purposes. All under these items,	gnature [ completed ay access e betweer of the progration of the p	by Allied Health Pros Medicare rebates for 2 and 12 persons. vider/s, and details of the services program. AHP in services funded by the service is contributed from the Department of the service is contributed from the service i	ovider who undertaktor up to 8 allied heat of the group service ute to, a written reposition of the commonwer operating under subment of Health webs	Signature and date  ort to the patient's Gopy of the referral for alth or State/Territory-section 19(2) arrangements and services in the section 19(2) arrangements and the section 19(2) arrangements are services are section 19(2) arrangements a	ice: In a calendar year.  SP after the Assessment service and at m for record keeping and Medicare Australia y programs are not eligible for Medicare rebates gements.