



## Enhanced Primary Care (EPC) 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

Name

Address  Postcode

**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.**

**Patient details**

Medicare Number           Patient's ref no.

First Name  (Exercise Physiologist) Exercise Life Skills Consultancy Surname

Address  PO Box 89 Matraville NSW 2036 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       |                | Dietitian              | 10954       |                | Physiotherapist    | 10960       |
|                | Audiologist              | 10952       | 5              | Exercise Physiology    | 10953       |                | Podiatrist         | 10962       |
|                | Chiropractor             | 10964       |                | Mental Health Worker   | 10956       |                | Psychologist       | 10968       |
|                | Chiropodist              | 10962       |                | Occupational Therapist | 10958       |                | Speech Pathologist | 10970       |
|                | Diabetes Educator        | 10951       |                | Osteopath              | 10966       |                |                    |             |

Referring General Practitioner's signature

Date signed

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**

## GPMP & TCA ( Item 721 & 723 )

| PATIENT DETAILS   | DOCTOR PREPARING GPMP & TCA   |
|---|---|
| Mr/Mrs:<br><br>Address:<br><br>DOB:<br><br>Medicare No:   | Dr:<br><br>Provider No:<br><br>Address:<br><br>Phone:<br><br>Email: |
| MEDICAL HISTORY   | CURRENT MEDICATIONS   |
| Heart Disease<br>Type 2 Diabetes<br>Hypercholesterolaemia<br>Hypertension<br>Osteoarthritis<br>Osteoporosis<br>Depression<br>Other: | Medication List Attached: Yes    No<br><br>Medications:             |

| NEED                             | GOAL  | ACTIONS  | PROVIDERS   | REVIEW DATE |
|----------------------------------|---|--|---|-------------|
| Weight Management                | Aim for BMI <   | Increase physical activity and proper diet   | GP<br>Exercise Physiologist<br>Dietician                      |             |
| Blood Pressure                   | Aim for BP <  | Check every visit, exercise<br>Medication review   | GP<br>Exercise Physiologist                                   |             |
| Maintain or improve blood sugars | Aim for HBA1c < %<br>Maintain blood sugars near normal range = 3 – 8 mmol/l | Meal Plan;<br>Regular Meals; Low fat & Low GI;<br>Reduce alcohol;<br>Exercise plan by EP | GP<br>Exercise Physiologist<br>Dietician<br>Diabetes Educator |             |
| Joint Care                       | Improve range of motion/ function of joints                                 | Range of motion exercises.<br>Muscle strengthening.                                      | GP<br>Exercise Physiologist                                   |             |

|                         |  |   |   |  |
|-------------------------|--|---|---|--|
| Improve Bone Health     | Increase bone density and prevent fractures  | Weight Bearing activity, routine activity.  | GP<br>Exercise Physiologist                 |  |
| Depression &/or Anxiety | Improved coping mechanisms for anxiety &/or depression, reduced severity of symptoms | Graded Exercise Therapy (GET), Cognitive Behavioural therapy (CBT), Medication (if necessary) | Exercise Physiologist<br>Psychologist<br>GP |  |
| Control Cholesterol     | Aim for:<br>Total Chol < 5<br>LDL Chol < 3<br>HDL Chol > 1<br>Triglycerides < 2      | Review physical activity levels, eating habits, medications                                   | GP<br>Exercise Physiologist<br>Dietician    |  |
|                         |  |   |   |  |
|                         |  |   |   |  |

**Comments:**

**HEALTH PROVIDERS/SERVICES**

| Care Provider                    | Category of Care      | Phone        | Fax       |
|----------------------------------|-----------------------|--------------|-----------|
| Dr                               | GP                    |              |           |
| Exercise Life Skills Consultancy | Exercise Physiologist | 1300 498 445 | 9345 4709 |
|                                  |                       |              |           |
|                                  |                       |              |           |
|                                  |                       |              |           |

**PATIENT'S AGREEMENT**

I have agreed/ my carer has agreed to this team care arrangement and I give my consent that my GP may provide a copy of this TCA to other providers involved in my care.

Signed by Patient/ Carer/ or Verbal:

Date:

Signed by GP:

Date: