



Referral Form for Individual Allied Health Services under Medicare for patients with a chronic medical condition and complex care needs

Note: This pre-filled form replicates that of the Department of Health and Aged Care for GP referrals.

To be completed by referring GP
 Please tick:
 Patient has GP Management Plan (item 721) AND Team Care Arrangements (item 723) OR
 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.

G.P. Details

Provider Number										
Name										
Address										
	Postcode									

Patient Details

Medicare No.											Ref. No	<input type="checkbox"/>	D.O.B.	<input type="checkbox"/>
First Name						Surname								
Address												Postcode		

Allied Health Provider (AHP) patient referred to:

Name	Tree of Life Nutrition
Address	Taylor Medical Centre (Level 1) Suite 10B/40 Annerley Rd,, Woolloongabba QLD Postcode 4102

Referral details - Eligible patients may access Medicare rebates for a maximum of 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
	Dietitian	10954

Referring General Practitioner's Signature: **Date:**

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 providers should retain this referral form for record keeping and Services Australia (Medicare) audit purposes.
 The original form may be [downloaded from the Department of Health and Aged Care website.](#)
THE FORM DOES NOT HAVE TO ACCOMPANY MEDICARE CLAIMS