



Referral form for follow-up allied health services under Medicare for People of Aboriginal or Torres Strait Islander descent

Note: GPs can use this form issued by the Department of Health or one that contains all of the components of this form.

To be completed by referring GP

Health assessment completed:

701 703 705 707 715

GP details

Provider Number

Name

Address Postcode

Patient details

Medicare Number Patient's ref

First Name Surname

Address Postcode

Allied Health Professional (AHP) patient referred to: (Specify name or type of AHP)

Name

Address Postcode

Referral details – 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 (in total) in a calendar year. 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	81300		Exercise Physiologist	81315		Podiatrist	81340
	Audiologist	81310		Mental Health Worker	81325		Psychologist	81355
	Chiropractor	81345		Occupational Therapist	81330		Speech Pathologist	81360
	Diabetes Educator	81305		Osteopath	81350			
	Dietitian	81320		Physiotherapist	81335			

Referring GP's signature

Date signed

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 Department of Human Services (Medicare) audit purposes.

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.

This form may be downloaded from the Department of Health website at www.health.gov.au/mbsprimarycareitems.

THIS FORM DOES NOT HAVE TO ACCOMPANY MEDICARE CLAIMS