



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
<input type="text"/>	Aboriginal Health Worker	81300	<input type="text"/>	Exercise Physiologist	81315	<input type="text"/>	Podiatrist	81340
<input type="text"/>	Audiologist	81310	<input type="text"/>	Mental Health Worker	81325	<input type="text"/>	Psychologist	81355
<input type="text"/>	Chiropractor	81345	<input type="text"/>	Occupational Therapist	81330	<input type="text"/>	Speech Pathologist	81360
<input type="text"/>	Diabetes Educator	81305	<input type="text"/>	Osteopath	81350			
<input type="text"/>	Dietitian	81320	<input type="text"/>	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