



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

PART A – To be completed by referring GP (tick relevant boxes)

- Patient has type 2 diabetes AND either
- is being managed by a medical practitioner (including a general practitioner, but not a specialist or consultant physician) under a GP Management Plan (MBS items 721 and 732)* OR
- for a resident of an aged care facility (RACF)**, GP has contributed to or reviewed a care plan prepared by the RACF (MBS item 731)*

* GPs are encouraged to attach a copy of the relevant part of the patient's care plan to this form.

** Residents of a RACF generally rely on the facility for assistance to manage their type 2 diabetes. Therefore, residents may not need to be referred for allied health group services as the self-management approach may not be appropriate.

Please advise patients that Medicare rebates and Private Health Insurance benefits cannot **both** be claimed for this service.

GP details

Provider number

Name

Address

Postcode

Patient details

First name

Surname

Address

Postcode

Note: Eligible patients may access Medicare rebates for **one assessment for group services in a calendar year**. Indicate the name of the practitioner (diabetes educator, exercise physiologist or dietitian), or the allied health practice, you wish to refer the patient to for this assessment. **The assessment must be done before the patient can access up to 8 group services.**

Allied Health Practitioner (AHP) or practice the patient is referred to for assessment:

Name of AHP
or practice

Restart Exercise Physiology

Address

16 Graham Rd, Carseldine

Postcode

4034

Referring GP's
signature

Date

/ /

PART B – To be completed by Allied Health Professional who undertakes Assessment service

- Patient has been assessed as suitable for group therapy services

Indicate the name of the provider/s, and details of the group service program:

Name of provider/s

Restart Exercise Physiology / Fuel Your Life / Diabetes Management

Name of program

Type 2 Diabetes Exercise and Education Program.

No. of sessions in
the program

1x 1:1 initial consult, 8x group services

Venue (if known)

Goodlife Health Club, 16 Graham Road, Carseldine

Name of
assessing AHP

Tom Creevey (provider number 6236833T)

AHP signature

Date

06 / 10 / 2023

- AHPs must provide, or contribute to, a **written report** to the patient's GP after the assessment service and at completion of the group services program.
- AHPs should retain a copy of the referral form for record keeping and audit purposes.
- Allied health services funded by other Commonwealth or State/Territory programs are not eligible for Medicare rebates under these items, except where the service is operating under sub-section 19(2) arrangements.

THIS FORM DOES NOT HAVE TO ACCOMPANY MEDICARE CLAIMS