

GENERAL PRACTITIONER REFERRAL FORM

Dietitian-based programs for chronic disease management including group interventions.



PROVIDER DETAILS:

<<Dietitian: Name>>
 <<Dietitian:Full Address>>
 <<Dietitian:Phone>>

<<Tick Box>>Patient has GP Management Plan (item 721 or review item 732) AND Team Care Arrangements (item 723 or review item 732)
<<Tick Box>>GP has contributed to or reviewed a multidisciplinary care plan prepared by the patient's aged care facility (item 731)
Patient has been allocated (enter amount up to five) Dietitian services with item number 10954 that are eligible for Medicare rebates this calendar year
Note: GPs are encouraged to attach a copy of the relevant part of the patient's care plan to this form.

PATIENT DETAILS:

Title: <<Patient Demographics: Title>> Surname: <<Patient Demographics:Surname>>		
Given name: <<Patient Demographics:First Name>>	Medicare No: <<Patient Demographics: Medicare No >>	
	Patient Reference No: <<Patient Demographics: Patient Reference No >>	
Address: <<Patient Demographics:Full Address>>	Home Phone: <<Patient Demographics:Phone>>	
	Mobile: <<Patient Demographics:Mobile>>	
Postcode: <<Patient Demographics:Postcode>>	Date of Birth: <<Patient Demographics:DOB>>	Sex: <<Patient Demographics:Sex>>

CLINICAL INFORMATION:

I would like your assistance in developing an appropriate nutrition program specific to their current medical, physical or other needs.

I would like to draw your attention to this patient's current medical condition:

<<Clinical Details:Medical History List>><<Clinical Details: Medications List>><<Clinical Details: Blood Results>>

In my opinion, the above patient is suitable to participate in a dietetic consultation/dietitian-based program; however, I understand that you will undertake a thorough assessment to ensure your prescription meets their current health needs.

I would appreciate a summary of your recommendations being forwarded to me after the first and last service, and more often if clinically necessary.

REFERRING GENERAL PRACTITIONER SIGNATURE:

REFERRAL DATE: <<Miscellaneous:Date>>

<<Doctor:Name>>
 <<Doctor: Provider Number>>
 <<Doctor:Full Address>>
 <<Doctor:Phone>>