

GENERAL PRACTITIONER REFERRAL FORM

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



APD PROVIDER DETAILS:

Kelli Hale, PhD
Good For You Nutrition
PO Box 4156
GUMDALE Q 4154

Patient has GP Management Plan (item 721 or review item 732) AND Team Care Arrangements (item 723 or review item 732)

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: _____ Surname: _____ Given name: _____

Date of Birth: ____/____/____

Sex: _____

Address: _____ Postcode: _____

Phone: (H) _____ (M) _____

Medicare No: _____

Patient Reference No: _____

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:

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:

DATE: ____/____/____

REFERRING GENERAL PRACTITIONER

DETAILS (place stamp here):