

Suraya Nikwan

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GENERAL PRACTITIONER REFERRAL FORM

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



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

REFERRING GENERAL PRACTITIONER DETAILS
(place stamp here):

SIGNATURE:

.....

DATE: ____/____/____