

GENERAL PRACTITIONER REFERRAL FORM

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



APD PROVIDER DETAILS:

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| <input type="checkbox"/> Patient has GP Management Plan (item 721 or review item 732) AND Team Care Arrangements (item 723 or review item 732) |
| <input type="checkbox"/> 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.

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| REFERRING GENERAL PRACTITIONER | REFERRING GENERAL PRACTITIONER |
| SIGNATURE: | DETAILS (place stamp here): |
| DATE: ____/____/____ | |