



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

Address  Postcode

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

Name of program

No. of sessions in the program

Venue (if known)

Name of assessing AHP

AHP signature  Date

- 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**