



Referral Form for WARATAH

The following form must be completed by the referring GP and sent to the Allied Health Provider & Fuel Your Life.

Note: GPs are encouraged to attach a copy of the relevant part of the patient's care plan to this form.

Does the patient meet eligibility criteria?

The patient must meet all criteria to be eligible.

- | | |
|--|---|
| <input type="checkbox"/> Patient lives in the Murrumbidgee region
<input type="checkbox"/> Patient is NOT a DVA Gold Card holder
<i>(If they are, please use a D904 referral to acquire treatment)</i>

TICK ONE OF THE BELOW:
<input type="checkbox"/> Patient has a current GPMP/TCA and is accessing other allied health services under this arrangement
<input type="checkbox"/> Patient is not eligible for a GP Management Plan/Team Care arrangement | <input type="checkbox"/> Requires management of at least one of the following conditions (at least one must be chosen)

<input type="checkbox"/> Obesity
<input type="checkbox"/> At risk of obesity – particularly in youth
<input type="checkbox"/> Diabetes
<input type="checkbox"/> Chronic pain
<input type="checkbox"/> Frailty
<input type="checkbox"/> Osteoarthritis
<input type="checkbox"/> Respiratory disease
<input type="checkbox"/> Physical inactivity |
|--|---|

GP DETAILS

Provider Number

Name

Address Postcode

PATIENT DETAILS

Medicare Number Patient's DOB. / /

First Name Surname

Address Postcode

Care cycle No. *Please detail how many Care cycles this patient has been referred for, to this type of AHP, since November, 2019*

REFERRAL TO ALLIED HEALTH PROVIDER (AHP)

Referrals under this program can only be made to Allied Health Providers detailed in the WARATAH info pack. If you have questions, please contact waratahreferrals@fuelyourlife.com.au

Name

Address Postcode

Referral details – Please use a separate copy of the referral form for each type of service

Eligible patients may access funding for a **maximum of 6 allied health consultations**, per referral, per discipline.

Please indicate the number of services required by writing the number in the 'No. of services' column next to the relevant AHP.

No of services	AHP Type	Item Number	No of services	AHP Type	Item Number	No of services	AHP Type	Item Number
	Dietitian	100		Diabetes Educator	200		Podiatrist	300
	Exercise Physiologist	400		Physiotherapist	500			

Referring General Practitioner's signature Date signed

Once complete please send to the AHP and fax a copy to Fuel Your Life (Fax: 07 5335 1656)

The AHP must provide a written report to the patient's GP after the first and last service, and more often if clinically necessary.