



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.

Patient lives in the Murrumbidgee region

TICK ONE OF THE BELOW:

- Patient has a current GPMP/TCA and is accessing other allied health services under this arrangement
- Patient is not eligible for a GP Management Plan/Team Care arrangement

Requires management of at least **one** of the following conditions (at least one must be chosen)

- Obesity Frailty
- At risk of obesity – particularly in youth Osteoarthritis
- Diabetes Respiratory disease
- Chronic pain 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 |
|----------------------|-----------------------|-------------|----------------------|-------------------|-------------|----------------------|------------|-------------|
| <input type="text"/> | Dietitian | 100 | <input type="text"/> | Diabetes Educator | 200 | <input type="text"/> | Podiatrist | 300 |
| <input type="text"/> | Exercise Physiologist | 400 | <input type="text"/> | Physiotherapist | 500 | <input type="text"/> | | |

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.