# Referral form for follow-up allied health services under Medicare for People of Aboriginal or Torres Strait Islander descent

**To be completed by referring GP**

Health assessment completed: (delete those that do not apply) **715**

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| --- | --- | --- | --- | --- | --- | --- |
| **GP details** | | | | | | |
| Provider number | |  | | | | |
| Name | |  | | | | |
| Address | |  | | | | |
| **Patient details** | | | | | | |
| Medicare number | |  | | Patient’s ref | |  |
| First name | |  | | Surname | |  |
| Address | |  | | | |  |
| **Allied health professional (AHP) patient referred to:** Specify name or type of AHP | | | | | | |
| Name | |  | | | | |
| Address | |  | | | | Postcode |
| **Referral details – Use a separate copy of the referral form or each type of service** | | | | | | |
| Eligible patients may access Medicare rebates for up to 5 allied health services (in total) in a calendar year. Indicate the number of services required by writing the number in the ‘No. Of services’ column next to the relevant AHP. | | | | | | |
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| **Referring GP’s signature** | | | **Date signed** | | | |
|  | | |  | | | |
| Allied health professionals should retain this referral form for record keeping and Medicare Australia audit purposes | | | | | | |
| Medicare rebates and Private Health Insurance benefits cannot both be claimed for these services. Patients should be advised that they must choose whether to access one or the other. | | | | | | |
| This form contains all the components of the original referral form developed by the Department of Health and Ageing and therefore meets the Department's requirements.  The original version of this form may be downloaded from the Department of Health and Ageing website at www.health.gov.au/mbsprimarycareitems | | | | | | |
| THIS FORM DOES NOT HAVE TO ACCOMPANY MEDICARE CLAIMS | | | | | | |