

FATIGUE CLINIC REFERRAL: IMPORTANT INFORMATION PATIENTS & GPs

You must first discuss this treatment with your doctor to determine whether it is appropriate. Your GP will also confirm whether you are eligible to receive Medicare rebates for this treatment.

To assist your GP in coordinating a referral, the Fatigue Clinic has developed the following proformas (pages 2-5 of this document):

- Fatigue Clinic Care Plan
- Enhanced Primary Care (EPC) Allied Health Referral Form
- GP Referral Letter Template for Psychology Services

What is a 'Fatigue Clinic Care Plan' ?

A *Fatigue Clinic Care Plan* enables you to access Medicare rebates for consultations with your Psychologist and your Exercise Physiologist. It is a combined *Enhanced Primary Care Plan* and a *GP Mental Health Care Plan*, both of which outline the treatments provided in the Fatigue Clinic program.

The *Fatigue Clinic Care Plan* is a combination of several Care Plans (listed in the table below) merged into one document to remove the administrative burden. Your GP will need to complete this form in your presence so that you can sign the form approving the treatment outlined in the *Fatigue Clinic Care Plan*.

Fatigue Clinic Care Plan components	Item Number
GP Management Plan (GPMP)	Item 721
Team Care Arrangement (TCA)	Item 723
GP Mental Health Care Plan (MHCP)	Item 2710

The *Fatigue Clinic Care Plan* must be accompanied by the:

- *EPC Allied Health Referral Form* (page 4) for a referral to the exercise physiologist, and the
- *GP Referral Letter Template for Psychology Services* (page 5) for a referral to the psychologist.

What if I only need to see the Exercise Physiologist but not the Psychologist (or vice-versa) ?

Your GP then simply completes only the relevant components of the *Fatigue Clinic Care Plan*.

What do I do after I have obtained the 'Fatigue Clinic Care Plan' from my GP ?

After your GP has completed the *Fatigue Clinic Care Plan*, contact the Lifestyle Clinic to schedule your appointment with your Exercise Physiologist. The Lifestyle Clinic number is (02) 9385 3352.

Note:

1. It is important you notify the Lifestyle Clinic that you are participating in the *Fatigue Clinic* program when scheduling your first appointment.
2. You must bring your completed *Fatigue Clinic Care Plan* with you to your first consultation with your Exercise Physiologist at the Lifestyle Clinic.

GPMP & TCA & MHCP: FATIGUE

(Items 721, 723 & 2710)

PATIENT DETAILS	DOCTOR PREPARING GPMP & TCA
Mr / Ms _____ Address: _____ _____ P/C: _____ DOB: ____ / ____ / _____ Medicare No.: _ _ _ _ _	Dr _____ Provider No: _____ Address: _____ _____ Phone: _____ Fax: _____
MEDICAL HISTORY	CURRENT MEDICATIONS
<input type="checkbox"/> Chronic Fatigue <input type="checkbox"/> Cancer <input type="checkbox"/> Post-Cancer Fatigue <input type="checkbox"/> Ischaemic Heart Disease / CABG <input type="checkbox"/> Type 2 Diabetes <input type="checkbox"/> Hypercholesterolaemia <input type="checkbox"/> Hypertension <input type="checkbox"/> Osteoarthritis <input type="checkbox"/> Osteoporosis <input type="checkbox"/> Depression Other: _____ _____ _____ _____	Medication List Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No _____ _____ _____ _____ _____ _____

NEED	GOAL	ACTIONS	PROVIDERS	REVIEW DATE
<input type="checkbox"/> Improved physical function	Improved tolerance to exercise and activities of daily living	Graded exercise therapy	<input type="checkbox"/> Exercise physiologist	
<input type="checkbox"/> Sleep-wake cycle disruption	Regimented unbroken night-time sleep	Behavioural management Medication (if necessary)	<input type="checkbox"/> Psychologist <input type="checkbox"/> GP	
<input type="checkbox"/> Pain control	Daily activities unrestricted by pain	Physical therapies Graded exercise Analgesia (if necessary)	<input type="checkbox"/> Exercise physiologist <input type="checkbox"/> GP	
<input type="checkbox"/> Anxiety	Able to perform normal daily activities unrestricted by anxiety	Cognitive behavioural therapy (CBT) Graded exercise Medication (if necessary)	<input type="checkbox"/> Psychologist <input type="checkbox"/> Exercise physiologist <input type="checkbox"/> GP	
<input type="checkbox"/> Low mood	Able to perform normal daily activities unrestricted by lowered mood	CBT Graded exercise Medication (if necessary)	<input type="checkbox"/> Psychologist <input type="checkbox"/> Exercise physiologist <input type="checkbox"/> GP	
<input type="checkbox"/> Cognitive difficulties	Able to perform normal daily activities unrestricted by cognitive difficulties	Graded cognitive activity	<input type="checkbox"/> Psychologist	

Comments: _____

HEALTH PROVIDERS / SERVICES

Care Provider	Category of Care	Phone	Fax
Dr	GP		
Lifestyle Clinic	Exercise Physiologist	9385 3352	9385 3195
Lifestyle Clinic	Psychologist	9385 3352	9385 3195

PATIENT'S AGREEMENT

I have agreed / my carer has agreed to this team care arrangement and I give my consent that my GP may provide a copy of this TCA to other providers involved in my care.

Signed by Patient / Carer / or Verbal: _____ Date: _____

Signed by GP: _____ Date: _____

- Item 721 GP Management Plan (GPMP)
- Item 723 Team Care Arrangement (TCA)
- Item 2710 GP Mental Health Care Plan (MHCP)



Enhanced Primary Care (EPC) Program Referral form for Allied Health Services under Medicare

To be completed by referring GP:

Please tick the relevant box below:

- Patient has a GP Management Plan and Team Care Arrangements in place (new CDM MBS items 721 AND 723) OR
 Patient has an EPC Multidisciplinary Care Plan in place (former MBS items 720, 722 or 730; or new CDM item 731)

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

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.

GP details

NOTE: Relevant MBS item(s) above must be BILLED by GP prior to patient receiving their first referred allied health service for Medicare rebate to be payable for that service.

Provider Number

Name

Address Postcode

Patient details

Medicare Number Patient's ref no.

First Name Surname

Address Postcode

Allied Health Professional (AHP) patient referred to: (Please specify name or type of AHP)

Name LIFESTYLE CLINIC (EXERCISE PHYSIOLOGIST)

Address 38 BOTANY STREET (Corner Botany and High Streets) RANDWICK NSW Postcode 2031

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

Eligible patients may access Medicare rebates for up to 5 allied health services (total) in a calendar year. 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
	Aboriginal Health Worker	10950		Dietitian	10954		Physiotherapist	10960
	Audiologist	10952	5	Exercise Physiologist	10953		Podiatrist	10962
	Chiropractor	10964		Mental Health Worker	10956		Psychologist	10968
	Chiropodist	10962		Occupational Therapist	10958		Speech Pathologist	10970
	Diabetes Educator	10951		Osteopath	10966			

Referring General Practitioner's signature

Date signed

AHP must provide a written report to patient's GP after each service – except where the AHP provides multiple services to a patient under the one referral. In this case, the AHP must provide a written report to the patient's GP after the first and last service, and more often if clinically necessary.

Allied health professionals should retain this referral form for record keeping and Medicare Australia audit purposes.

Allied health services funded by other Commonwealth or State/Territory programs are not eligible for Medicare rebates under this initiative.

This form may be downloaded from the Department of Health and Ageing website at www.health.gov.au/strengtheningmedicare or ordered by faxing (02) 6289 7120.

THIS FORM DOES NOT HAVE TO ACCOMPANY MEDICARE CLAIMS

Lifestyle Clinic (*UNSW Medicine*)
38 Botany Street
RANDWICK NSW 2031

Ph: (02) 9385 3352
Fax: (02) 9385 3195
Email: lifestyleclinic@unsw.edu.au

**Referral for *Focussed Psychological Strategies*
(GP MENTAL HEALTH CARE PLAN)**

Patient: _____ DOB: _____

Address: _____

Diagnosis: _____

Medicare Number: _____

GP Name: _____

Provider Number: _____

Signature: _____

Date: _____

(Referring General Practitioner)

Encs.