## Dr Rowena Field

Physiotherapist & Nutritionist/Director PhD, M.Phty B.App.Sc (phty) APAM, A.Nutr.

## Felicity Slevin Psychologist/Director B.Psych



The Preventing Persisting Pain Program (for patients AT RISK of chronic pain) (3 targeted physio education sessions)   The STEPP program (for patients WITH chronic pain) (full multi-disciplinary program)   Nutritional treatment for chronic pain (Dr Rowena Field)   Patient Name	STEPP PATIENT REFFERAL	(please tick the appropriate program, s	ee website for details. <b>Telehealth available</b> )						
Nutritional treatment for chronic pain (Dr Rowena Field)   Patient Name	☐ The Preventing Persisting Pain Pro	ogram (for patients <b>AT RISK of chronic pa</b> i	in) (3 targeted physio education sessions)						
Patient Name  Date of Birth  Address  Phone number  Email address  Claim number (if required)  Diagnosis and relevant history  WORKERS COMPENSATION REFFERAL (if relevant)  I have included a copy of the Certificate of Capacity, with a referral to the STEPP program, Preventing Persistent Pain program, or Dr Rowens Field in the management section. STEPP will send a request to the insurer when the patient supplies their claim number and insurer details.  PRIVATE REFERRAL WITH MEDICARE REBATE (for the STEPP program, there are out of pocket expenses)  This patient will attend the Psychology portion of the STEPP program using the Mental Health Care plan which is attached. (Medicare will partially fund up to 5 sessions (item 10960).**This requires completion of a GP Management program. Medicare will partially fund up to 5 sessions (item 10960).**This requires completion of a GP Management Plan and a CDM referral form located at the end of this referral.  The patient is aware that there are out-of-pocket expenses for both services and can download fees from the website.  PRIVATE REFERRAL WITHOUT MEDICARE REBATE (for the Preventing Persistent Pain Program/ Nutritional treatments)  This patient is not considered appropriate for a CDM referral and will need to pay the full fee for the sessions with Dr Field and claim their private health cover if appropriate. Fees can be downloaded from the website.  DVA REFERRAL  Thave included a DVA allied health referral for both Physiotherapy and Psychology (either program)  Doctor's name and provider number  Doctor's name and provider number  Practice  contact number  Practice  contact number  Practice  Procephical Address: PO Box 366  Nowra - 7541  Nowra - 7541  Nowra - 7541  Nowra - 7541	☐ The STEPP program (for patients '	WITH chronic pain) (full multi-disciplinary	program)						
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	admin@stepp.com.au (woolworths Complex) Nowra, 2541								



## Referral Form for Individual Allied Health Services under Medicare for patients with a chronic medical condition and complex care needs

Note: GPs can use this form issued by the Department of Health or one that contains all of the components of this form.											
To be completed by referring GP:											
Please tick:											
Patient has GP Management Plan (item 721 ) AND Team Care Arrangements (item 723) OR											
GP has contributed to or reviewed a multidisciplinary care plan prepared by the patient's aged care facility (item 731)											
Note: GPs are encouraged to attach a copy of the relevant part of the patient's care plan to this form.											
GP details											
Provider Number											
Name											
Address								Postcode			
Patient	details										
Medicare	Number				Patie	nt's ref no.					
First Nam	е				Surna	ame					
Address								Postcode			
Allied H	ealth P	rovider (AHP)	patient	referre	d to: (Please specify na	me or type	of AHP)				
Name		Rowena Fi	eld / STE	PP prog	gram						
Address		320 Princes	Hwy, B	omader	ry Creek Health Cen	tre, Bom	aderry	Postcode			
Referral details – Please use a separate copy of the referral form for each <u>type</u> of service  Eligible patients may access Medicare rebates for a maximum of 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	Δ	НР Туре	Item Number	No of services	АНР Туре	Item Number	No of services	АНР Туре	Item Number		
Aboriginal Health Worker/Aboriginal and Torres Strait Islander Health Practitioner		boriginal and rait Islander	10950		Exercise Physiologist	10953		Podiatrist	10962		
	Audiologist		10952		Mental Health Worker	10956		Psychologist	10968		
	Chiropractor		10964		Occupational Therapist	10958		Speech Pathologist	10970		
Diabetes Educator		10951		Osteopath	10966						
	Dietitian		10954		Physiotherapist	10960					
Referring General Practitioner's signature  Date signed											
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 providers should retain this referral form for record keeping and Medicare Australia audit purposes.											
This form may be downloaded from the Department of Health website at <a href="https://www.health.gov.au/mbsprimarycareitems">www.health.gov.au/mbsprimarycareitems</a>											
THE FORM DOES NOT HAVE TO ACCOMPANY MEDICARE CLAIMS											