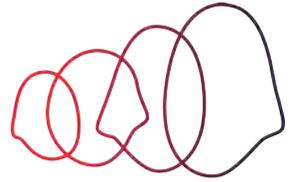


We are on Best Practice under TSH

Referral Request-Children

Telethon Speech & Hearing (TSH) is a Western Australian not for profit organisation and a registered charity that provides children and adults with speech and language, hearing or ear health concerns.



Telethon Speech & Hearing

Family Name: _____ Given Name: _____

DOB: _____

Phone # _____

Services

- Full Audiological Assessment including Tympanometry
- Full Speech Pathology Assessment (only available at Wembley campus)
- Early Intervention Hearing Impairment Program (Chatterbox: 0-5 yrs old)
- Early Intervention Speech and Language Delay Program (Talkabout: 2-5 yrs old)
- Outpost program (Primary and High School students with a hearing loss)

MEDICAL PRACTITIONER DETAILS

Medical Practitioner Name:

Medical Practice:

- Tick if the patient is on a care plan. Please attach the GP Chronic Care Management Plan Form

Please call **9387 9888** or email referral form to speech@tsh.org.au

Wembley Ellenbrook Cockburn

Net proceeds from this service will go towards supporting the work of Telethon Speech & Hearing

36 Dodd Street Wembley WA 6014 • PO Box 186 Wembley WA 6913

T +618 9387 9888 F +618 9387 9889 E speech@tsh.org.au www.tsh.org.au ABN

73 885 107 614



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 Patient's ref no. Patient's DOB. ____/____/____

First Name Surname

Address Postcode

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

Name

Address Postcode

Referral details - Please use a separate copy of the referral form for each type 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	AHP Type	Item Number	No of services	AHP Type	Item Number	No of services	AHP Type	Item Number
	Aboriginal Health Worker/Aboriginal and Torres Strait Islander Health Practitioner	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 Department of Human Services (Medicare) audit purposes.

This form may be downloaded from the Department of Health website at www.health.gov.au/mbsprimarycareitems

THE FORM DOES NOT HAVE TO ACCOMPANY MEDICARE CLAIMS