

# PRIORITY ALLIED HEALTH REFERRAL FORM

(Western) Priority Allied Health Services Program (PAHS) - Updated 27Feb2020



## PATIENT ELIGIBILITY

### Who is eligible to be referred to providers under PAHS?

- ✓ Health Care Card Holders
- ✓ Pensioners or
- ✓ Patients on a **LOW** income who would not otherwise be able to access a local service

**If patient doesn't satisfy one of these criteria, please refer using MBS or a private referral.**

### Who should NOT be referred to providers under PAHS?

- x Patients who can afford to pay for a private service
- x Patients with Private Health Cover
- x In-patients
- x Workers Compensation or Third Party cases
- x Department of Veterans Affairs patients (DVA)

## HOW TO REFER

- All patients must have a PRIORITY ALLIED HEALTH SERVICES referral form (current version) and satisfy the eligibility criteria. Self-referrals can be accepted. Please complete all sections.
- Allied Health Professionals (AHPs) and practice nurses are able to refer patients to appropriate PAHS services. The patient's regular GP must be notified and included in correspondence between AHPs.
- Patients are eligible for only one PRIORITY ALLIED HEALTH SERVICES referral, per Allied Health Service, in a 12-month period, except in extenuating circumstances.

## ELIGIBILITY CRITERIA

Health Care Card Holder       Pension Card Holder       Low income as discussed with GP

**PATIENT DETAILS**       ATSI       Not ATSI      **Referral Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Reason for referral: (Tick service below) \_\_\_\_\_

Referring GP/AHP Name \_\_\_\_\_ Referring GP/AHP Signature \_\_\_\_\_

Medical Practice Name \_\_\_\_\_

## MEDICAL HISTORY

Diabetic-not requiring insulin     Diabetic-requiring insulin     CHD     COPD     Arthritis    Other \_\_\_\_\_

Medications \_\_\_\_\_ Allergies \_\_\_\_\_

## PATIENT CONSENT *(must be signed at time of referral)*

I understand that personal information regarding the reason for my referral may be shared with other care providers such as HealthWISE and their Allied Health providers. Any information held is strictly confidential and I give permission for these health professionals to access this information solely for the purpose of this referral.

Patient signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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**Patient Name:** \_\_\_\_\_

## TO MAKE AN APPOINTMENT

**PATIENTS NEED TO CONTACT THE PROVIDER TO BOOK THEIR APPOINTMENTS.**

**PATIENTS SHOULD NOTIFY THE PROVIDER THAT THEY HAVE A PAHS/HealthWISE REFERRAL FORM.**

- This referral will cover the actual session cost. There is no direct cost to the patient.
- Patients are eligible to receive up to 6 sessions per PAHS referral – Number determined by treatment plan.
- Any additional materials or items provided will be at the patient's own expense, unless otherwise arranged.

<b>BARRABA</b>			
<input type="checkbox"/>	<b>Dietetics –</b>	Samantha Humphries, HealthWISE	Phone 6752 7196 or Fax 6752 6616
<input type="checkbox"/>	<b>Exercise Physiology –</b>	ReHealth	Phone 0427 050 485 or Fax 6752 6044
<input type="checkbox"/>	<b>Podiatry –</b>	Tamworth Podiatry Centre	Phone 6766 3314 no fax
<b>BINGARA</b>			
<input type="checkbox"/>	<b>Dietetics –</b>	Samantha Humphries, HealthWISE	Phone 6752 7196 or Fax 6752 6616
<input type="checkbox"/>	<b>Exercise Physiology –</b>	ReHealth	Phone 0427 050 485 or Fax 6752 6044
<input type="checkbox"/>	<b>Occupational Therapy –</b>	Safety in Focus	Phone 6792 2342 or Fax 6792 5504
<input type="checkbox"/>	<b>Podiatry-</b>	Sole Solution Footcare	Phone 6721 4466 or Fax 6721 4477 – Appointments in Inverell
<b>BOGGABRI</b>			
<input type="checkbox"/>	<b>Exercise Physiology –</b>	RuralFit	Phone 6765 9866 or Fax 6700 0601
<input type="checkbox"/>	<b>Occupational Therapy –</b>	Safety in Focus	Phone 6792 2342 or Fax 6792 5504
<input type="checkbox"/>	<b>Physiotherapy –</b>	Bernadette McEvoy Physiotherapy	Phone 0427 424 462 no fax
<input type="checkbox"/>	<b>Podiatry</b>	PK Podiatry	Phone 6742 4268 or Fax 6742 2096
<input type="checkbox"/>	<b>Speech Pathology –</b>	Kylie Toynton	Phone 6842 9136 or <a href="mailto:languageforlife@ipstarmail.com.au">languageforlife@ipstarmail.com.au</a>
<b>BOOMI</b>			
<input type="checkbox"/>	<b>Occupational Therapy-</b>	Ruth Hickson	Phone 0448 719 798 or email otrhickosn@gmail.com
<b>GUNNEDAH</b>			
<input type="checkbox"/>	<b>Dietetics –</b>	Amelia Smith, HealthWISE	Phone 6742 3633 or Fax 6742 3699
<input type="checkbox"/>	<b>Exercise Physiology –</b>	Rural Fit	Phone 6765 9866 or Fax 6700 0601
<input type="checkbox"/>	<b>Occupational Therapy -</b>	Jodie Maunder	Phone 0457 434 519 no fax
<input type="checkbox"/>	<b>Physiotherapy-</b>	Bernadette McEvoy Physiotherapy	Phone 0427 424 462 no fax
<input type="checkbox"/>	<b>Podiatry-</b>	PK Podiatry	Phone 6742 4268 or Fax 6742 2096
<input type="checkbox"/>	<b>Speech Pathology –</b>	Kylie Toynton	Phone 6842 9136 or <a href="mailto:languageforlife@ipstarmail.com.au">languageforlife@ipstarmail.com.au</a>
<b>MOREE</b>			
<input type="checkbox"/>	<b>Dietetics –</b>	Samantha Humphries, HealthWISE	Phone 6752 7196 or Fax 6752 6616
<input type="checkbox"/>	<b>Exercise Physiology –</b>	ReHealth	Phone 0427 050 485 or Fax 6752 6044
<input type="checkbox"/>	<b>Occupational Therapy –</b>	Safety in Focus	Phone 6792 2342 or Fax 6792 5504
<input type="checkbox"/>	<b>Podiatry –</b>	Dez Wilson	Phone 6752 2644 or Fax 6752 5428
<input type="checkbox"/>	<b>Speech Pathology -</b>	Linda Foskey, HealthWISE	Phone 6792 5514 or Fax 6792 5518
<b>MUNGINDI</b>			
<input type="checkbox"/>	<b>Exercise Physiology –</b>	ReHealth	Phone 0427 050 485 or Fax 6752 6044
<input type="checkbox"/>	<b>Occupational Therapy –</b>	Ruth Hickson	Phone 0448 719 798 or email otrhickson@gmail.com
<input type="checkbox"/>	<b>Podiatry –</b>	clients seen in Moree - Dez Wilson	Phone 6752 2644 or fax 6752 5428
<b>NARRABRI</b>			
<input type="checkbox"/>	<b>Dietetics –</b>	Samantha Humphries, HealthWISE	Phone 6752 7196 or Fax 6752 6616
<input type="checkbox"/>	<b>Exercise Physiology –</b>	ReHealth	Phone 0427 050 485 or Fax 6752 6044
<input type="checkbox"/>	<b>Occupational Therapy –</b>	Safety in Focus	Phone 6792 2342 or Fax 6792 5504
<input type="checkbox"/>	<b>Physiotherapy –</b>	AE Physiotherapy	Phone 6792 5007 or email <a href="mailto:reception@aephysio.com.au">reception@aephysio.com.au</a>
<input type="checkbox"/>	<b>Podiatry –</b>	Helen Madden	Phone 6792 6084 or Fax 6792 5667
<input type="checkbox"/>	<b>Speech Pathology –</b>	Linda Foskey, HealthWISE	Phone 6792 5514 or Fax 6792 5518
<b>WARIALDA</b>			
<input type="checkbox"/>	<b>Dietetics –</b>	Samantha Humphries, HealthWISE	Phone 6752 7196 or Fax 6752 6616
<input type="checkbox"/>	<b>Exercise Physiology –</b>	ReHealth	Phone 0427 050 485 or Fax 6752 6044
<input type="checkbox"/>	<b>Occupational Therapy –</b>	Safety in Focus	Phone 6792 2342 or Fax 6792 5504
<b>WEE WAA</b>			
<input type="checkbox"/>	<b>Exercise Physiology –</b>	ReHealth	Phone 0427 050 485 or Fax 6752 6044
<input type="checkbox"/>	<b>Occupational Therapy –</b>	Safety in Focus	Phone 6792 2342 or Fax 6792 5504
<input type="checkbox"/>	<b>Physiotherapy –</b>	AE Physiotherapy	Phone 6792 5007 or email <a href="mailto:reception@aephysio.com.au">reception@aephysio.com.au</a>
<input type="checkbox"/>	<b>Podiatry –</b>	Genevieve Graaf Podiatry	Phone 6795 4969 no fax
<input type="checkbox"/>	<b>Speech Pathology –</b>	Anna Haire, HealthWISE	Phone 6792 5514 or Fax 6792 5518