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.

Please Note: Referral letters from Medical Director and/or Best Practice will be accepted, however, notation must be made that the referral is under PAHS and include the patient’s consent to share personal information with the Allied Health Provider and HealthWISE.

TO MAKE AN APPOINTMENT

PATIENTS NEED TO CONTACT THE PROVIDER TO BOOK THEIR APPOINTMENTS. CONTACT DETAILS ARE ON THE REFERRAL FORM.

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.
ELIGIBILITY CRITERIA

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

Referral Date: __________/__________/__________

PATIENT DETAILS

- ATSI
- Not ATSI

Name__________________________________________ Date of Birth__________/__________/__________ Age__________

Address__________________________________________________________________________ Phone__________________________________

Referring GP/AHP Name__________________________ Referring GP/AHP Signature_____________________________

Medical Practice Name________________________________________________________________________________

MEDICAL HISTORY

- Diabetic-not requiring insulin
- Diabetic-requiring insulin
- CHD
- COPD
- Arthritis

Other__________________________________________________________________________________ Allergies___________________________

Medications_______________________________________________________________________________________

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____/____/____

PLEASE TICK THE APPROPRIATE SERVICE BELOW
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| - Dietetics – Anna Hicks, HealthWISE  
  Phone 6771 1146 or Fax 6771 1170  
- Exercise Physiology – Rural Fit  
  Phone 6765 9866 or Fax 6700 0601  
- Physiotherapy – New England Spinal & Sports  
  Physiotherapy Centre Phone 6771 2177 or Fax 6771 4724  
- Podiatry – New England Foot Clinic  
  Phone 6772 0725 or Fax 6772 0740 | - Dietetics – Chris Jarrett  
  Phone 6785 1095 or Fax 6758 1098  
- Exercise Physiology – Rural Fit  
  Phone 6765 9866 or Fax 6700 0601  
- Podiatry – Tamworth Podiatry Centre  
  Phone 6766 3314 no fax |

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| - Dietetics – Vital Health  
  Phone 6721 4412 or Fax 6721 3380  
- Exercise Physiology – Vital Health  
  Phone 6721 4412 or Fax 6721 3380  
- Physiotherapy – Karan Wildman  
  Phone 0488 432 563 no fax  
- Podiatry – Glen Innes Foot Care Clinic  
  Phone 0411 493 956 no fax | - Exercise Physiology – Rural Fit  
  Phone 6765 9866 or Fax 6700 0601  
- Physiotherapy – Total Care Physiotherapy  
  Phone 6766 9488 or Fax 6766 5670  
- Podiatry – PK Podiatry  
  Phone 6742 4268 or Fax 6742 2096  
- Dietetics – Amelia Smith, HealthWISE  
  Phone 6742 3633 or Fax 6742 3699 |

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| - Physiotherapy – Karan Wildman  
  Phone 0488 432 563 no fax  
- Podiatry – Glen Innes Foot Care Clinic  
  Phone 0411 493 956 no fax – Appointments in Glen Innes | - Dietetics – Vital Health  
  Phone 6721 4412 or Fax 6721 3380  
- Dietetics via Telehealth – Rural Fit  
  Phone 6765 9866 or Fax 6700 0601  
- Exercise Physiology – Rural Fit  
  Phone 6765 9866 or Fax 6700 0601  
- Physiotherapy – The Physiotherapy Centre  
  Phone 07 4661 5577 or Fax 07 4661 7266 |

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| - Occupational Therapy – Vital Health Inverell  
  Phone 6721 4412 or Fax 6721 3380  
- Physiotherapy – Vital Health Inverell  
  Phone 6721 4412 or Fax 6721 3380  
- Podiatry – Sole Solution Foot Care  
  Phone 6721 4466 or Fax 6721 4477  
- Speech Pathology – Linda Foskey, HealthWISE  
  Phone 6792 5514 or Fax 6792 5518 | - Dietetics – Anna Hicks, HealthWISE  
  Phone 6771 1146 or Fax 6771 1170  
- Exercise Physiology – Rural Fit  
  Phone 6765 9866 or Fax 6700 0601  
- Physiotherapy – Walcha Physiotherapy & Sports Injury Centre  
  Phone 6778 0011 or Fax 6778 0066 |

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| - Physiotherapy – Total Care Physiotherapy  
  Phone 6766 9488 or Fax 6766 5670 Appointments in Tamworth | |