

## PRIORITY ALLIED HEALTH REFERRAL FORM

Priority Allied Health Services Program (PAHS) Updated 19June2023  
Western Referral Form

### 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.

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### ELIGIBILITY CRITERIA

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

**Referral Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

### PATIENT DETAILS

☐ Aboriginal/Torres Strait Islander      ☐ Diverse culture or background – Language/s spoken

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

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

Referring Person Name\_\_\_\_ Organisation\_\_\_\_

Usual GP\_\_\_\_ Medical Practice \_\_\_\_

### REASON FOR REFERRAL

**Please describe concerns to be addressed by this referral**

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### 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**

## PRIORITY ALLIED HEALTH REFERRAL FORM

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<b>BARRABA</b>				
<input type="checkbox"/>	<b>Dietetics –</b>	Natalie Gray, 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>	Natalie Gray, 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>	Vital Health	Phone 6721 4412	or Fax 6721 3380
<input type="checkbox"/>	<b>Podiatry</b>	Appointments in Inverell – Dezi Wilson, Million Soles Phone 0456 766 398 or <a href="mailto:info@vitalhealthnsw.com.au">info@vitalhealthnsw.com.au</a> or <a href="mailto:millionsolespodiatry@gmail.com">millionsolespodiatry@gmail.com</a>		
<b>BOGGABRI</b>				
<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 <a href="mailto:mjmaunder1@bigpond.com">mjmaunder1@bigpond.com</a>
<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
<b>GUNNEDAH</b>				
<input type="checkbox"/>	<b>Dietetics –</b>	Chris Jarrett	Phone 0428 622 525	or Fax 6702 0211
<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	or <a href="mailto:mjmaunder1@bigpond.com">mjmaunder1@bigpond.com</a>
<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
<b>MOREE</b>				
<input type="checkbox"/>	<b>Dietetics –</b>	Natalie Gray, 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>	Vital Health Inverell	Phone 6721 4412	or Fax 6721 3380
<input type="checkbox"/>	<b>Physiotherapy –</b>	Gemma Carrigan	Phone 0488 151 791	or <a href="mailto:info@vitalhealthnsw.com.au">info@vitalhealthnsw.com.au</a> or <a href="mailto:glcarrigan@gmail.com">glcarrigan@gmail.com</a>
<input type="checkbox"/>	<b>Podiatry –</b>	Dezi Wilson, Million Soles	Phone 0456 766 398	or email <a href="mailto:millionsolespodiatry@gmail.com">millionsolespodiatry@gmail.com</a>
<input type="checkbox"/>	<b>Speech Pathology –</b>	HealthWISE	Phone 6766 1394	or Fax 6766 1372
<b>MUNGINDI</b>				
<input type="checkbox"/>	<b>Exercise Physiology –</b>	ReHealth	Phone 0427 050 485	or Fax 6752 6044
<input type="checkbox"/>	<b>Podiatry –</b>	clients seen in Moree - Dezi Wilson, Million Soles Phone 0456 766 398 or email <a href="mailto:millionsolespodiatry@gmail.com">millionsolespodiatry@gmail.com</a>		
<b>NARRABRI</b>				
<input type="checkbox"/>	<b>Dietetics –</b>	Natalie Gray, 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>	Rural OT Step by Step	Phone 5732 7532	or <a href="mailto:ruralotstepbystep@gmail.com">ruralotstepbystep@gmail.com</a>
<input type="checkbox"/>	<b>Physiotherapy –</b>	AE Physiotherapy	Phone 6792 5007	or <a href="mailto:reception@aephysio.com.au">reception@aephysio.com.au</a>
<input type="checkbox"/>	<b>Podiatry –</b>	Avodah Podiatry	Phone 6792 6084	or Fax 6792 5667
<input type="checkbox"/>	<b>Speech Pathology –</b>	Anna Haire, HealthWISE	Phone 6792 5514	or Fax 6792 5518
<b>WARIALDA</b>				
<input type="checkbox"/>	<b>Dietetics –</b>	Natalie Gray, 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>	Vital Health Inverell	Phone 6721 4412	or Fax 6721 3380
<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>	Rural OT Step by Step	Phone 5732 7532	or email <a href="mailto:ruralotstepbystep@gmail.com">ruralotstepbystep@gmail.com</a>
<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