

PRIORITY ALLIED HEALTH REFERRAL FORM

Priority Allied Health Services Program (PAHS) Updated 23Jul2024
Eastern 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

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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<p>ARMIDALE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Dietetics – Amy Ashman, HealthWISE Phone 6771 1146 or Fax 6771 1170 <input type="checkbox"/> Exercise Physiology – Rural Fit Phone 6765 9866 or Fax 6700 0601 <input type="checkbox"/> Physiotherapy – New England Physiotherapy Phone 6771 2177 or Fax 6771 4724 <input type="checkbox"/> Podiatry – Armidale Foot Clinic Phone 5776 2971 or Fax 9070 6895 	<p>MANILLA</p> <ul style="list-style-type: none"> <input type="checkbox"/> Dietetics – Chris Jarrett Phone 6785 1095 or Fax 6758 1098 <input type="checkbox"/> Exercise Physiology – Rural Fit Phone 6765 9866 or Fax 6700 0601 <input type="checkbox"/> Podiatry – Tamworth Podiatry Centre Phone 6766 3314 no fax
<p>GLEN INNES</p> <ul style="list-style-type: none"> <input type="checkbox"/> Dietetics –Vital Health Phone 6721 4412 or Fax 6721 3380 <input type="checkbox"/> Exercise Physiology – Vital Health Phone 6721 4412 or Fax 6721 3380 <input type="checkbox"/> Physiotherapy- Karan Wildman Phone 0488 432 563 no fax <input type="checkbox"/> Podiatry- Glen Innes Foot Care Clinic Phone 0411 493 956 no fax 	<p>QUIRINDI</p> <ul style="list-style-type: none"> <input type="checkbox"/> Exercise Physiology – Rural Fit Phone 6765 9866 or Fax 6700 0601 <input type="checkbox"/> Physiotherapy – Total Care Physiotherapy Phone 6766 9488 or Fax 6766 5670 <input type="checkbox"/> Podiatry – Tamworth Podiatry Phone 6766 3314 no fax <input type="checkbox"/> Dietetics – Chris Jarrett Phone 0428 622 525 or Fax 6702 0211
<p>GUYRA</p> <ul style="list-style-type: none"> <input type="checkbox"/> Physiotherapy – Karan Wildman Phone 0488 432 563 no fax <input type="checkbox"/> Podiatry – Glen Innes Foot Care Clinic Phone 0411 493 956 no fax – Appointments in Glen Innes 	<p>TENTERFIELD</p> <ul style="list-style-type: none"> <input type="checkbox"/> Dietetics via Telehealth – Vital Health Phone 6721 4412 or Fax 6721 3380 <input type="checkbox"/> Exercise Physiology – Rural Fit Phone 6765 9866 or Fax 6700 0601 <input type="checkbox"/> Physiotherapy – The Physiotherapy Centre Phone 07 4661 5577 or Fax 07 4661 7266
<p>INVERELL</p> <ul style="list-style-type: none"> <input type="checkbox"/> Exercise Physiology – Vital Health Phone 6721 4412 or Fax 6721 3380 <input type="checkbox"/> Occupational Therapy- Vital Health Phone 6721 4412 or Fax 6721 3380 <input type="checkbox"/> Physiotherapy- Vital Health Phone 6721 4412 or Fax 6721 3380 <input type="checkbox"/> Podiatry- Dezi Wilson, Old Boots Podiatry Phone 0456 766 398 or Fax 5508 2130 <input type="checkbox"/> Speech Pathology- Linda Foskey, HealthWISE Phone 6766 1394 or Fax 6766 1372 	<p>WALCHA</p> <ul style="list-style-type: none"> <input type="checkbox"/> Dietetics – Amy Ashman, HealthWISE Phone 6771 1146 or Fax 6771 1170 <input type="checkbox"/> Exercise Physiology – Rural Fit Phone 6765 9866 or Fax 6700 0601 <input type="checkbox"/> Physiotherapy – Walcha Physiotherapy & Sports Injury Centre Phone 6778 0011 or Fax 6778 0066