

PRIORITY ALLIED HEALTH SERVICES (PAHS) Eastern Referral and Consent Form

PATIENT ELIGIBILITY

Who is eligible to be referred to providers under PAHS?

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

Please note: 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?

- Patients who can afford to pay for a private service,
- Patients with Private Health Cover,
- In-patients,
- Workers Compensation or Third Party cases,
- 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. 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, determined by treatment plan.
- Any additional materials or items provided will be at the patient's own expense, unless otherwise arranged.

PRIORITY ALLIED HEALTH SERVICES (PAHS) Eastern Referral and Consent Form

Referrer name

Organisation

Signature

Referral date

/ /

REASON FOR REFERRAL

Please describe concerns to be addressed by this referral

Eligibility criteria:

Health Care card holder

Pension card holder

Low income as discussed with GP

Client name

Date of birth

/ /

Sex recorded at birth

Male

Female

X (Indeterminate/Intersex/Unspecified)

Gender identity

Pronouns

Preferred name

Street address

Town/City

Post code

Phone

Regular GP

Practice name

Does the client identify as: Aboriginal

Yes

No

Torres Strait Islander

Yes

No

Culturally and Linguistically Diverse

Yes

No

First language

Patient consent *(must be signed at time of referral)*

All personal information shared with HealthWISE is strictly confidential. I understand other care providers may need to access my information for the sole purpose of providing services and care relating to this referral. I give my permission for these health professionals to access this information.

I, (full name)

have read and understood the above consent statement.

I agree to these conditions for the services provided by HealthWISE to myself or my child/dependant.

Signature

Date

/ /

OR

The client has given verbal consent to these conditions and for HealthWISE to provide services to them or their child/dependant.

GP Name

Signature

Date

/ /

PRIORITY ALLIED HEALTH SERVICES (PAHS) Eastern Referral and Consent Form

ARMIDALE	MANILLA
<p>Dietetics Amy Ashman, HealthWISE P: 6771 1146 F: 6771 1170</p> <p>Exercise Physiology Rural Fit P: 6765 9866 F: 6700 0601</p> <p>Physiotherapy New England Physiotherapy P: 6771 2177 F: 6771 4724</p> <p>Podiatry Armidale Foot Clinic P: 5776 2971 F: 9070 6895</p>	<p>Exercise Physiology Rural Fit P: 6765 9866 F: 6700 0601</p> <p>Podiatry Tamworth Podiatry Centre P: 6766 3314</p>
GLEN INNES	QUIRINDI
<p>Dietetics Vital Health P: 6721 4412 F: 6721 3380</p> <p>Exercise Physiology Vital Health P: 6721 4412 F: 6721 3380</p> <p>Physiotherapy Karan Wildman P: 0488 432 563</p> <p>Podiatry Glen Innes Foot Care Clinic P: 0411 493 956</p>	<p>Physiotherapy Total Care Physiotherapy P: 6766 9488 F: 6766 5670</p> <p>Podiatry Tamworth Podiatry P: 6766 3314</p> <p>Dietetics Chris Jarrett P: 0428 622 525 F: 6702 0211</p>
GUYRA	TENTERFIELD
<p>Physiotherapy Karan Wildman P: 0488 432 563</p> <p>Podiatry Glen Innes Foot Care Clinic P: 0411 493 956 (appointments in Glen Innes)</p>	<p>Dietetics (via Telehealth) Vital Health P: 6721 4412 F: 6721 3380</p> <p>Exercise Physiology EP Health Centre P: 0488 214 790 E: emma@ephealthcentre.com.au</p> <p>Physiotherapy The Physiotherapy Centre P: 07 4661 5577 F: 07 4661 7266</p>
INVERELL	WALCHA
<p>Exercise Physiology Vital Health P: 6721 4412 F: 6721 3380</p> <p>Occupational Therapy Vital Health P: 6721 4412 F: 6721 3380</p> <p>Physiotherapy Vital Health P: 6721 4412 F: 6721 3380</p> <p>Podiatry Dezi Wilson, Old Boots Podiatry P: 0456 766 398 F: 5508 2130</p> <p>Speech Pathology Linda Foskey, HealthWISE P: 6766 1394 F: 6766 1372</p>	<p>Dietetics Amy Ashman, HealthWISE P: 6771 1146 F: 6771 1170</p> <p>Physiotherapy Walcha Physiotherapy & Sports Injury Centre P: 6778 0011 F: 6778 0066</p>