

Time 2 Manage Diabetes

Time 2 Manage Diabetes is an eight-week group exercise program run by Accredited Exercise Physiologists.

Before joining a group, the client will attend an initial assessment with one of our exercise physiologists during which a comprehensive medical history will be taken and exercise goals agreed.

Participants then attend eight group exercise sessions under the guidance of the exercise physiologist. All exercises are tailored to the client's needs.



Details:

Group classes are run on a weekly basis at Black Swan Health locations in:

- 137 Main Street, Osborne Park
- · Suite 19, 53 The Crescent, Midland
- Sanori House, Suite 9, 126 Grand Blvd, Joondalup

Eligibility

Must have Type 2 diabetes and be over the age of 18.

Cost

We provide this service at minimal out of pocket cost (just over \$100 for initial assessment and eight group exercise sessions).

Note to GPs: Referrals must be via a Referral form for Group Allied Health Services under Medicare for patients with Type 2 diabetes. Available for download at our website or on the overleaf (pto). Attach care plan & any relevant pathology results to the referral.

For all bookings and enquiries please call our friendly team on 1300 820 398 (option 1 and 3)



Referral form for Group Allied Health Services under Medicare for patients with type 2 diabetes

Note: GPs can use this form issued by the Department of Health or one that contains all of the components of this form.		
PART A – To be co	ompleted by	referring GP (tick relevant boxes):
☐ Patient has typ	e 2 diabete	s AND either
GP has prepared a new GP Management Plan (MBS item 721) OR		
☐ GP has review	ed an exist	ing GP Management Plan (MBS item 732) OR
care facility (M	IBS item 73 abetes. The	tial aged care facility, GP has contributed to or reviewed a care plan prepared by the residential aged to prefere the properties of residential aged care facilities may rely on the facility for assistance to manage prefere, residents may not need to be referred for allied health group services as the self-management propriate.]
Note: GPs are enc	ouraged to	attach a copy of the relevant part of the patient's care plan to this form.
Please advis	se patients	that Medicare rebates and Private Health Insurance benefits cannot <u>both</u> be claimed for this service
GP details		
Provider Number		
Name		
Address		Postcode
Patient details		
First Name		Surname
Address		Postcode
the practitioner (diabetes educator, exercise physiologist or dietitian), or the allied health practice, you wish to refer the patient to for this assessment. The assessment must be done before the patient can access group services. Allied Health Practitioner (or practice) the patient is referred to for assessment: Name of AHP or practice Black Swan Health		
Name of AHP or pr	actice [lack Gwait Fleatur
Address		Postcode
Referring GP's sig	gnature	Date
PART B – To be completed by allied health provider (AHP) who undertakes assessment service: Eligible patients may access Medicare rebates for up to 8 allied health group services in a calendar year. Group size must be between 2 and 12 persons. Indicate the name of the provider/s, and details of the group service programme.		
Name of provider/s	: :	Black Swan Health
Name of programme:		Time 2 Manage Diabetes
No. of sessions in programme:		: 8
Venue (if known):		Midland Osborne Park
Name of referring AHP:		Signature and date
Allied health providers must provide, or contribute to, a written report to the patient's GP after the assessment service and at completion of the group services programme. Allied health providers should retain a copy of the referral form for record keeping and Department of Human Services (Medicare) audit purposes. Allied health services funded by other Commonwealth or State/Territory programmes are not eligible for Medicare rebates under these items, except where the service is operating under sub-section 19(2) arrangements.		
		THIS FORM DOES NOT HAVE TO ACCOMPANY MEDICARE CLAIMS