

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.



Phone 1300 820 398

Email info@blackswanhealth.com.au

www.blackswanhealth.com.au

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



Note: GPs can use this form or one that contains all of the components of this form.

PART A – To be completed by referring GP (tick relevant boxes)

- ☐ Patient has type 2 diabetes AND either
- ☐ is being managed by a medical practitioner (including a general practitioner, but not a specialist or consultant physician) under a GP Management Plan (MBS items 721 and 732)* OR
- ☐ for a resident of an aged care facility (RACF)**, GP has contributed to or reviewed a care plan prepared by the RACF (MBS item 731)*

* GPs are encouraged to attach a copy of the relevant part of the patient's care plan to this form.

** Residents of a RACF generally rely on the facility for assistance to manage their type 2 diabetes. Therefore, residents may not need to be referred for allied health group services as the self-management approach may not be appropriate.

Please advise patients that Medicare rebates and Private Health Insurance benefits cannot **both** be claimed for this service.

GP details

Provider number	<input type="text"/>		
Name	<input type="text"/>		
Address	<input type="text"/>	Postcode	<input type="text"/>

Patient details

First name	<input type="text"/>	Surname	<input type="text"/>
Address	<input type="text"/>	Postcode	<input type="text"/>

Note: Eligible patients may access Medicare rebates for **one assessment for group services in a calendar year**. Indicate the name of 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 up to 8 group services.**

Allied Health Practitioner (AHP) or practice the patient is referred to for assessment:

Name of AHP or practice	<input type="text"/>		
Address	<input type="text"/>	Postcode	<input type="text"/>
Referring GP's signature	<input type="text"/>	Date	<input type="text" value="DD/MM/YYYY"/>

PART B – To be completed by Allied Health Professional who undertakes Assessment service

- ☐ Patient has been assessed as suitable for group therapy services

Indicate the name of the provider/s, and details of the group service program:

Name of provider/s	<input type="text"/>		
Name of program	<input type="text"/>		
No. of sessions in the program	<input type="text"/>		
Venue (if known)	<input type="text"/>		
Name of assessing AHP	<input type="text"/>		
AHP signature	<input type="text"/>	Date	<input type="text" value="DD/MM/YYYY"/>

- AHPs must provide, or contribute to, a **written report** to the patient's GP after the assessment service and at completion of the group services program.
- AHPs should retain a copy of the referral form for record keeping and audit purposes.
- Allied health services funded by other Commonwealth or State/Territory programs 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