


Podiatry Referral Form



ABOUT CLIENT				
Title*	Given Name(s)*	Family Name(s)*	Preferred Name*	Date of Birth*
Is the client of Aboriginal and / or Torres Strait Islander origin?* Aboriginal but not Torres Strait Islander Torres Strait Islander but not Aboriginal Both Aboriginal and Torres Strait Islander Neither Aboriginal nor Torres Strait Islander Not stated / Unknown				
Sex* Male Female Other Prefer not to answer		Gender Male Female Non-binary Different term Prefer not to answer		Pronouns He / him She / her They / them Prefer not to answer
Country of Birth*	Does the client require an interpreting service?* Yes No		Main language spoken at home* English Other (specify)	
Medicare Card* No medicare card				
Card Number		Ref no.	Expiry (MM / YYYY) /	
CONTACT DETAILS				
Residential Address*		Suburb / Community	State	Postcode
Postal Address* (same as residential)		Suburb / Community	State	Postcode
Please provide client's contact details and select their preferred method of communication*				
Mobile	Email Address		Telephone (work, home, other)	

KEY CONTACT(S)		
Next of Kin No next of kin		
Name	Relationship with Client	Preferred Number
Who can we contact in an emergency? Same as above		
Name	Relationship with Client	Preferred Number

HEALTH CARE CARDS (optional)

Health care card number	Expiry Date (DD/MM/YYYY)	 (08) 9194 6890 admin@outbackcare.com.au
Pension card number	Expiry Date (DD/MM/YYYY)	
Veterans affairs card number	Expiry Date (DD/MM/YYYY)	
Private Health Insurance Fund	Fund Number	

MEDICAL INFORMATION

Please add relevant medical history:

List any allergies / intolerances and any reactions:

List any medications the client is taking:

Medication Name	Dose

What are the main reasons (s) for the client's referral today?

Ingrown toenail	Foot orthotics
Plantar warts	Foot / ankle pain
Footwear advice	Corns and callus
Routine dermatological care	Other

Please provide any further, relevant information.

Allied Health Medicare Referral

Client has been allocated (enter amount up to 5) podiatry services with item number **10962** that are eligible for Medicare rebates this calendar year. **Medicare form MUST be attached**