



Dear Doctor,

Your patient has been invited to take part in Diabetes Active – Resistance Exercise (DARE) Group.

The DARE Group has been developed by the Diabetes Victoria Clinic to support people living with diabetes to participate in a safe and supervised exercise program.

The 8-week program consists of weekly 1 hour group exercise sessions focusing on strength training.

The program is delivered by Diabetes Victoria's own Accredited Exercise Physiologist, Dr. Melissa Sbaraglia, who specialises in exercise for people living with diabetes.

Participants will attend an initial one-on-one consultation prior to commencing the group exercise sessions.

Participants diagnosed with type 2 diabetes and have a Medicare Chronic Disease Management Plan are eligible to access a Medicare rebate for their pre-group appointment and 8 group sessions.

If you are happy for your patient to participate, please complete the attached referral form. You may return the form to your patient to bring to their initial consultation or email to clinic@diabetesvic.org.au

If you have any further queries or concerns, please don't hesitate to contact the Diabetes Victoria Clinic on 1300 153 123.

Yours sincerely,

Dr. Melissa Sbaraglia

Diabetes Victoria Clinic

Phone - 1300 153 123.

Email – clinic@diabetesvic.org.au



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

Name

Address Postcode

Patient details

First name Surname

Address Postcode

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

Address Postcode

Referring GP's signature Date

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

Name of program

No. of sessions in the program

Venue (if known)

Name of assessing AHP

AHP signature Date

- 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