

To: Ahrie Jerred, Accredited Exercise Physiologist (ESSA 45202)
Metaform Fitness Springfield, Tenancy 3, 22A Commercial Drive, Springfield QLD 4300
Send to ep@mformfitness.com.au, or hand to the patient. **Questions** 0401 504 115. Consults on Wednesdays,
8:30am to 5:30pm (away 10 Dec 2026 to 12 Jan 2027).

PATIENT

Full name _____ Date of birth _____
Phone _____ Email _____

FUNDING

- ☐ Medicare: GP chronic condition plan in place ☐ DVA: Gold / White Card no. _____
☐ NDIS: participant no. _____ ☐ WorkCover QLD: claim no. _____
☐ Private health insurance ☐ Private (self-funded)

Medicare (MBS 10953): bulk billed for eligible patients with a GP chronic condition management plan; no need to attach the plan. Up to 5 allied health services a calendar year, shared across allied health. DVA: please use a D904 or your letterhead; up to 12 sessions or 1 year. NDIS needs no GP referral.

NUMBER OF SESSIONS REFERRED (OPTIONAL)

Sessions _____

REASON FOR REFERRAL AND GOALS

RELEVANT HISTORY, MEDICATIONS AND PRECAUTIONS

REFERRING PRACTITIONER

Name _____ Provider number _____
Practice _____ Phone _____
Email or secure messaging _____ Date _____
Signature _____

We'll send you a written report after the first and last service, and more often if needed.