# Allied Health for Coordinators

As part of the Government's requirements for providing Allied Health services through the Support at Home (SAH) program, clients must obtain a letter of recommendation from their GP or a registered medical professional. These letters must meet specific criteria to ensure compliance with SAH inclusion guidelines and should be on your GP or allied health professional's official letterhead.

To assist in preparing the required documentation, we have outlined the key information that must be included. Please ensure that each letter is tailored to the individual client.

## Each letter must include the following:

1. **Need:** Describe the medical condition that requires the service.
2. **Frequency:** Indicate how often the service is required (e.g., weekly is preferred to avoid the need for additional letters if frequency increases).
3. **Duration:** Indicate how long the service is required (e.g., ongoing or for a specific period). "Ongoing" is preferred to reduce the need for frequent renewals.
4. **Benefit:** Explain the expected improvements from the service (e.g., reduced pain, improved mobility).
5. **For equipment:** Confirm the competency of the client or family members in using the equipment. Please list each person by name.

## Examples:

### PHYSIOTHERAPY

"As the referring medical professional, I am recommending physiotherapy for [client's name] once a week due to poor balance, joint pain, and muscular tension caused by age-related arthritis. This ongoing treatment is needed to improve and maintain mobility."

### PODIATRY

"I recommend that [client's name] receive podiatry services every 6-8 weeks due to diabetic-related foot concerns. Ongoing care will help prevent, diagnose, and treat foot issues, supporting safer mobility and overall health."

### REMEDIAL MASSAGE

"I am referring [client's name] for weekly remedial massage therapy to address arthritis, which is causing joint stiffness and muscular tension. Regular treatment will reduce pain and improve range of motion."

### BLOOD PRESSURE MONITOR

"I recommend that [client's name] receive a blood pressure monitor as part of their Support at Home funding. Daily monitoring is necessary due to chronic kidney disease and diabetes. [Name of client/family member] is competent in using the monitor."