

Allied Health for Coordinators

As part of the Government's requirements for providing Allied Health services through a Home Care Package, care recipients must obtain a letter of recommendation from their GP or a registered medical professional. These letters must meet specific criteria to ensure compliance with HCP inclusion guidelines and should be on your GP or allied health professionals' 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 care recipient.

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 care recipient or family members in using the equipment. Please list each person by name.
- 6. For nutritional supplements:** Include the dosage and frequency (e.g., 1 tetra three times a day or 250ml daily).



Examples:

- **Physiotherapy**
“As the referring medical professional, I am recommending physiotherapy for [care recipient’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 [care recipient’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 [care recipient’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 [care recipient’s name] receive a blood pressure monitor as part of their Home Care Package. Daily monitoring is necessary due to chronic kidney disease and diabetes. [Name of care recipient/family member] is competent in using the monitor.”
- **Nutritional Supplement**
“I recommend that [care recipient’s name] be provided with [specific supplement] at a dosage of [X] per day/month to manage their [specific condition], helping maintain weight, balance their diet, and improve overall well-being.”