Australian Government
Department of Veterans' Affairs

DVA Referral

How to use this DVA Referral Template form

This template is designed to help health care providers refer a DVA client to another health care provider. You don't have to use this exact template, but your referral must include all the information listed below to meet DVA requirements.

This form does not need to be sent to DVA once completed.

Referrals for Allied Health Services

A referral is required for a DVA client to receive DVA funded allied health services, except for optical and dental treatment. A referral to an allied health service is valid for one treatment cycle. Further information on the Treatment Cycle is outlined on page 3.

Other Referrals

GPs may refer entitled persons to public community support services, medical specialists and to other health care providers for treatment. For more information refer to the Notes for GPs.

This form is for referral only. If you are seeking prior approval for treatment of a DVA client, please use the relevant prior financial authorisation form.

When to Use This Form

- To refer a DVA client directly for treatment services
- To refer directly to another provider when DVA prior approval is not needed

For more details about DVA's requirements or to check if prior financial authorisation is needed, see the booklet 'Notes for GPs' or 'Notes for Allied Health Providers – Section One – General'.

Important

The treating health care provider is responsible for confirming the client's eligibility for DVA-funded treatment.
Veteran Card - Specific Conditions holders can only receive DVA-funded treatment for their accepted conditions.
If you make a bulk referral, send any clinical details directly to the provider.

If you are referring a chronically ill patient to a medical specialist and an indefinite referral is suitable, write "ind" for the referral period. (Not for Allied Health Providers – see Treatment Cycle information on pg 3 of this form).

DVA will not cover costs if prior approval is needed but not obtained, if ineligible clients are treated, or if treatment is provided by someone not authorised by DVA.

Referral type

1 Referral type ◉ Specialist ○ Allied Health Provider

Patient details

2 Surname

3 Given name(s)

4 DVA file number

5 Date of birth **Age**

6 Address

POSTCODE

7 Email address

8 Phone number

9 Card type ◉ Veteran Card - All Conditions ○ Veteran Card - Specific Conditions

10 Accepted disabilities

11 Referral to:

Name

Address

POSTCODE

Email address

Phone number **Mobile number**

Provider number (if known)

12 Condition to be treated

13 Is the patient a resident in a Residential Aged Care Facility?

No ■ Yes □ ▶ Provide the class of care patient is funded to receive and the date the funding began

Class of care

Date funding began

14 Clinical details of condition including recent illnesses, injuries and current medication, if applicable

Attach additional details (if applicable)

Treatment Cycle

From 1 October 2019, new treatment cycle referral arrangements apply. Under these arrangements, an allied health provider may treat a client for up to 12 sessions or one year, whichever ends first. At the end of the treatment cycle the allied health provider must report back to the client's usual GP. If further sessions are clinically necessary, the usual GP may provide the client with another referral for an additional 12 sessions.

Clients may have as many treatment cycles as their usual referring provider determines are clinically necessary. They may also have treatment cycles with multiple types of allied health providers at the same time.

In Australia's health care system, GPs are responsible for ensuring that patient care is well coordinated and that the care provided remains relevant to the clinical needs of the patient. DVA clients should see their usual GP for treatment cycle referrals.

15 Period of referral

Please refer to the information on the Treatment Cycle above

16 Other treating health providers (if relevant)

Referring provider details

17 Provider name

18 Provider number

19 Practice name

20 Practice address

POSTCODE

21 Email address

22 Phone number

Fax number

23 Provider signature

Date

Allied health providers should retain this referral form for record keeping and Department of Veterans' Affairs audit purposes.