



Train IT Medical
Competence with Confidence

MEDIQO

Comparing AI Tools for Clinical Practice

Compare the major AI tools across these critical pillars: features and functionality, data security, PMS integrations and cost

Presented by: Katrina Otto, Matt Nott, Behrad Izadi and Dr Riaz Hashemi





Disclaimer:

AI is a rapidly evolving technology. While we aim to provide accurate and helpful information, we do not guarantee its completeness or accuracy and accept no liability for its use. Users should independently verify all information and exercise their own professional judgement.

Feature Considerations

- Some providers offer inbound calls, some offer outbound calls
- Differing levels of customisation between the platforms (voices, greetings, hours, exclusions, etc)
- Integration is important
- Be aware of accents used, and time lags as this can jeopardise patient experience and increase cost
- Check all features thoroughly, test everything

Feature Comparisons

	MediQo	Heidi	Lyrebird	MBS Pro	CareGP	iScribe	Facere
AI Reception	✓	✓	✗	✓	✓	✗	✓
MBS Billing	✓	✗	✗	✓	✗	✗	✗
AI Scribe	✓	✓	✓	✓	✗	✓	✗
Care Plans	✓	✓	✓	✓	✗	✗	✗
Patient Letters	✓	✓	✓	✓	✗	✓	✗
Auto-Fill Forms	✓	✗	✓	✗	✗	✗	✗
Telehealth	✓	✗	✗	✗	✗	✗	✗
Doc Sorting	✗	✗	✗	✓	✓	✗	✓
AI Assistant	✓	✓	✗	✓	✗	✗	✗
Reporting	✓	?	✗	?	?	✗	?

Integration Comparisons

	MediQo	Heidi	Lyrebird	MBS Pro	CareGP	iScribe	Facere
Best Practice	✓	✓	✓	✓	✓	✓	✓
MedicalDirector	—	✓	✗	✓	✗	✗	✗
Cliniko	✓	✓	✗	✗	✗	✗	✗
Halaxy	✓	✓	✗	✗	✗	✗	✓
Nookal	✓	✓	✗	✗	✗	✗	✗
Zedmed	✗	✓	✗	—	✗	✗	✓
Clinic to Cloud	✗	✗	✗	✗	✗	✗	✗
Genie/Gentu	✗	✓	✓	✗	✗	✗	✗
MediRecords	✗	✓	✗	✗	✗	✗	✗

Pricing Comparisons

	MediQo	Heidi	Lyrebird Pro	MBS Pro	CareGP	iScribe	Facere
Monthly	\$129/month	\$120/month	\$240/month	\$109/month	?	\$200/month	?
Annual	\$89/month	\$85/month	\$160/month	?	?	\$150/month	?
Free trial	2 weeks	2 weeks	2 weeks	3 weeks	2 weeks	?	2 weeks

- **MediQo** offers all features in a bundle either per practice or per practitioner.
 Per practice is \$499/month with all tools included plus AI reception, or per practitioner for \$129/month app only.
 MediQo offers 4 weeks free trial for practices and 2 weeks free trial for single practitioners, with access to all features
- **Heidi** per practice is priced at \$130/month per user with a 2 week free trial (no pricing info on AI reception)

Security Comparisons

	MediQo	Heidi	Lyrebird	MBS Pro	CareGP	iScribe	Facere
AUS Hosted	✓	✓	✓	✓	✓	✓	✓
Encrypted	✓	✓	✓	✓	✓	✓	?
FHIR/HL7	✓	✗	✓	✗	✗	✗	✗
ISO27001	✓	✓	✓	✗	✗	✗	✗
SOC2	✓	✓	✓	✗	✗	✗	✗
HIPAA	✓	✓	✓	✗	✗	✗	✗
GDPR	✓	✓	✓	✗	✗	✗	✗
Triggered Listening	✓	✗	✓	✗	✗	✗	✗
Manual Consent	✓	✓	✓	✗	✗	✓	✗

All

General Practice

Allied Health

Aged Care

🔍 Search features



How To: Smart Billing

Set up and use smart billing to reduce errors and improve compliance.

Billing · Admin · How-to

🕒 50 Sec

[Watch now →](#)



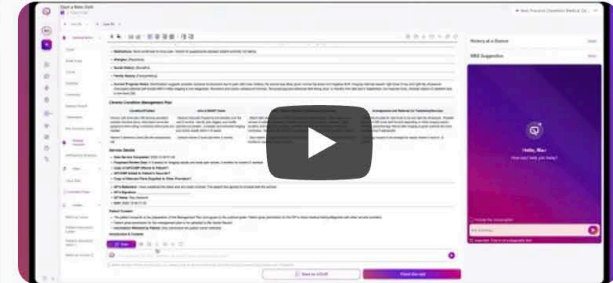
How To: Template Library

Create, manage, and reuse templates for faster clinical documentation.

Templates · Workflow · How-to

🕒 46 Sec

[Watch now →](#)



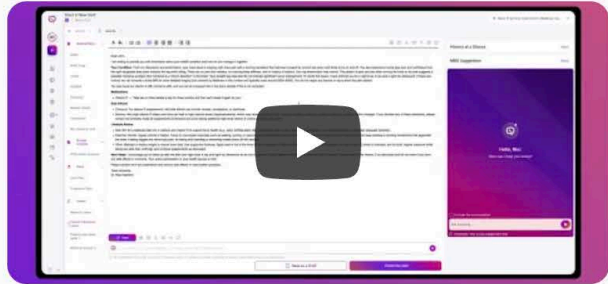
How To: Create Treatment Plans

Build structured treatment plans tailored to each patient's needs.

Care Plans · Clinical · How-to

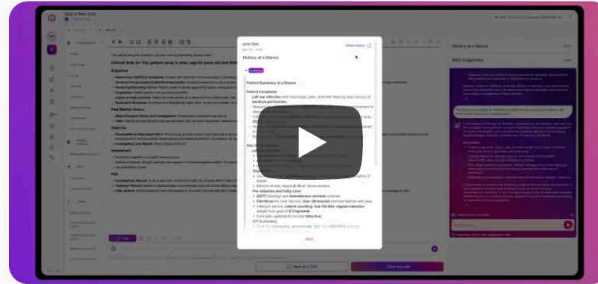
🕒 55 Sec

[Watch now →](#)



How To: Generate Patient Letters

Generate personalized patient letters



How To: History at a Glance

View a concise summary of your patient history



How To: AI Medical Assistant

Access instant evidence-informed answers



What is your full name and DOB?

Are you a new or existing patient?

Reason for visit?

45 min consult



MediQo AI Reception

CLICK THE PLAY
BUTTON TO LISTEN
TO AUDIO DEMO



Telephony Usage Dashboard

Monitor call performance and patient acquisition metrics

10/03/2026



20/03/2026

Apply



Total Calls
203



New Patients
13



Minutes Used
375



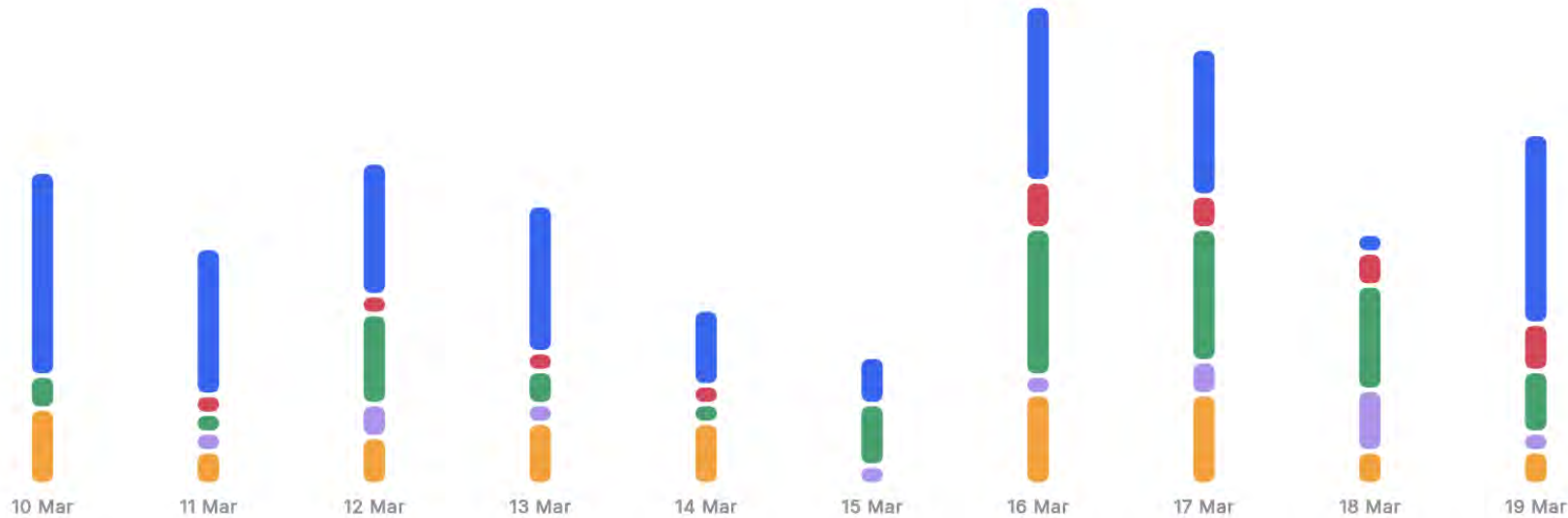
Appointments
46



Cancellations
14

Daily Metrics Trend

● Transfers ● New Patients ● New Appointments ● Cancellations
● General Enquiry



Call Distribution



● Patients: 6% ● Appointments: 23%
● Cancellations: 7% ● General Enquiry: 44%




Start a New Visit
+ / New Visit

New Visit x

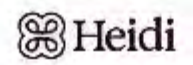
23 Feb Today < > BestPractice 14 Appointments Invoiced: \$1,059.80 Paid: \$387.30 Anonymous visit Start a New Visit >

Search Patient Name... All Statuses All Type

Time	Patient Name	Status	Appointment Time	Duration	Appt. Type	Amount
10 AM	Ian	Invoiced	10:30 AM - 11:00 AM	26:48	Long appt.	\$393.25
11 AM	Ethan	Invoiced	11:00 AM - 11:15 AM	13:19	Standard appt.	\$106.75
	Wadie	Paid	11:15 AM - 11:20 AM	5:00	HDTOD script/med.c in hours	\$27.30
	Setareh	Invoiced	11:30 AM - 11:45 AM	08:32	Telephone consult	\$65.75



Heidi launches Evidence and acquires AutoMedica to expand AI Care Platform →



Platform Resources Enterprise Pricing Chat with us

AU Log in Get Heidi free



Care beyond the visit

The intelligent AI agents that works alongside your front desk, answering, scheduling, following up, and closing the loop on every patient interaction.

CLICK THE PLAY BUTTON TO LISTEN TO AUDIO DEMO



Ask AI about Heidi: [AI icons]





History at a Glance



Matt No x Matt No x

Patient	Medicare Number	Date of Birth	Gender
Matt Nott	Unknown	15 Aug 1991	Male

Matt Nott

Patient History

Age: 34 years - Male

History at a Glance

Summary

Patient Summary at a Glance

Chief Complaints

1. **Migraines with visual disturbances** (recent).
2. **Low mood and anxiety** following bereavement and job loss.
3. **Recurrent low back pain** post-work injury.
4. **Acute headaches and neck pain** (episodic).
5. **Acute knee pain with paraesthesia** post-martial arts injury.
6. **Painful lump on leg** (possible insect bite).
7. **Severe n...** te, unspeci



Key Points

Visit details

Adjust the location and consult type before starting the visit, as they affect billing.

Location

Clinic
 Home visit
 Aged care



Clinic - Face-to-face

Consult type

Face-to-face
 Telehealth
 Phone

Default

Start New Visit

Upload recording instead

Main Menu

- Patients
- Appointments
- Dictation

Clinical Settings

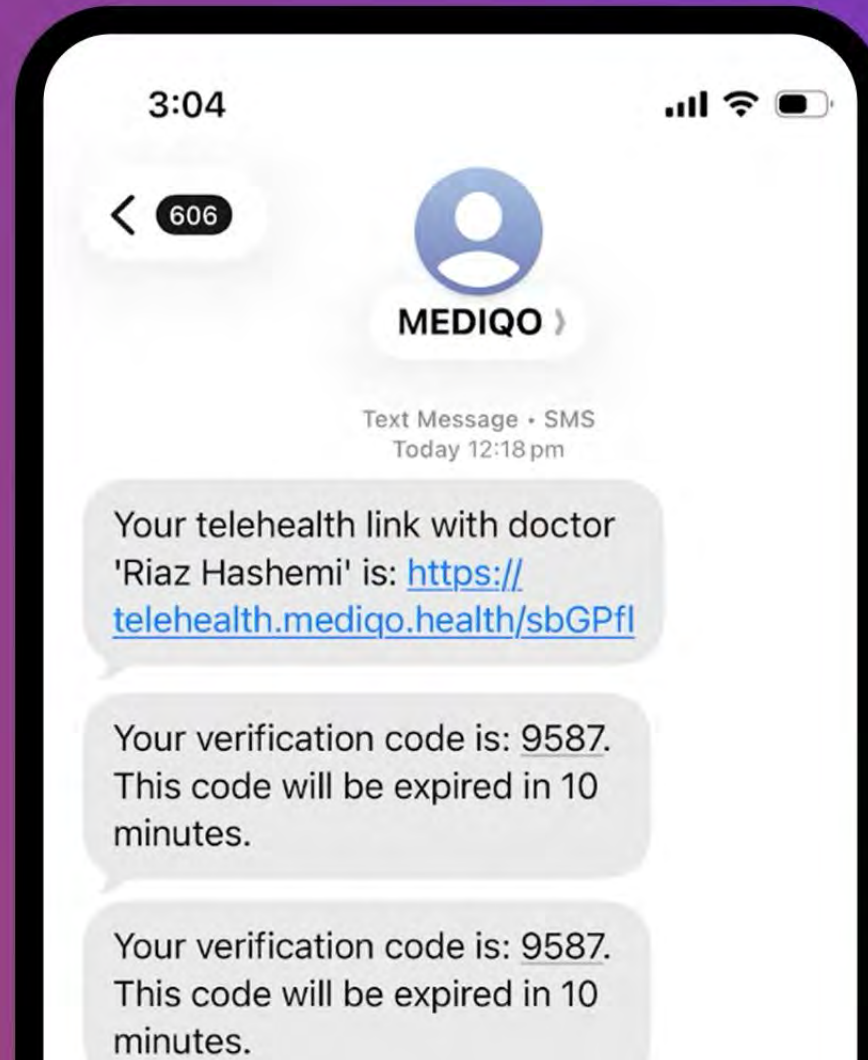
- Template Library
- Medical Centres

System & Billing

- License
- Integration



Telehealth





Clinical Notes

Matt Medical Centre

+ Start a New Visit

- Main Menu
- Patients
- Appointments
- Dictation

- Clinical Settings
- Template Library
- Medical Centres

- System & Billing
- License
- Integration

MN Matt Nott Welcome Back

Matt No x Matt No x

- Medical Notes
- SOAP
- Brief SOAP
- CSHA
- ISOBAR
- FollowUp
- Mental Health
- TeleHealth
- MediQo Analysis
- Differential Analysis
- Plans
- Care Plan
- Treatment Plan

Rich text editor toolbar with icons for bold, italic, list, link, unlink, undo, redo, copy, paste, print, and refresh.

The patient has given consent to use their voice for generating medical notes.

- **Chief Complaint:**
 - Back pain recurring

- Recurrent back pain

- **Subjective:**
 - Back has been hurting again.
 - History of work-related back injury ~3 years ago

Copy [Rich text editor icons]

Use this box to edit, reorder, or create your own custom note.

While MediQo strives for accuracy, it's always wise to review responses carefully to ensure everything meets your standards.

[Chat icon] [More options] Finish the visit


History at a Glance View

MBS Suggestion

Hello, Matt
How can I help you today?

Include the conversation

Ask Anything...



Important: This...
for educational...
healthcare prof...
for personalised...
factors and consu...
ed by a...
specialist...
t-specific...
Australia.

SOAP Note Custom

Subjective:

- Recurrent lower back pain, worsening lately
- Deep, stiff, constant ache in lower back; present for couple of years, more noticeable over last six months
- Worse in mornings with significant stiffness on waking, takes approximately one hour to loosen up; improves with movement, sitting still or resting does not help
- Occasional pain waking at night, especially early morning
- No pain radiating to legs, no numbness or weakness
- No bowel or bladder issues
- Red, painful eye a few months ago; Dr Metri advised possible inflammation
- Works in office; prolonged sitting is difficult, has become less active, stopped going to gym
- Mood affected; feeling frustrated, more tired and less motivated

Past Medical History:

- No major past medical history
- Medications: ibuprofen occasionally for pain
- Non-smoker; alcohol couple of beers on weekends; diet could be better with some takeaway; reduced exercise due to back pain
- Family history: heart disease in father in his sixties

Objective:

- Reduced lumbar flexion
- Positive Schober's test
- Tenderness over sacroiliac joints
- No neurological deficit in lower limbs
- Straight leg raise negative
- Human leukocyte antigen positive
- Imaging: inflammation in sacroiliac joints

Assessment:

- Ankylosing spondylitis

Plan:

- Counseled that this is a chronic condition but can be managed well, especially with early structured care
- General Practitioner chronic disease management plan to be developed
- Goals: improve morning stiffness, increase mobility and function, return to regular exercise, reduce pain level
- Referral to physiotherapy for core strengthening and mobility
- Referral to rheumatologist for further management and consideration of disease-modifying antirheumatic drug medication or biologic therapy
- Referral to exercise physiologist
- Commenced Mobic 7.5 milligrams daily initially, can increase if needed until rheumatologist review
- Cardiovascular risk assessment including blood tests for cholesterol, lipids and glucose
- Follow up in two to four weeks to review progress; also follow up after rheumatologist review

Copy

Tasks

- Develop a General Practitioner chronic disease management plan for the patient
- Follow up with the patient after their rheumatologist review
- Follow up with the patient in 2-4 weeks to review progress
- Order cardiovascular risk assessment including blood tests for cholesterol, lipids, and glucose for the patient
- Prescribe Mobic 7.5 mg daily for the patient, with option to increase if needed until rheumatologist review
- Refer the patient to a rheumatologist for further management and possible DMARDs/biologic therapy
- Refer the patient to an exercise physiologist
- Refer the patient to physiotherapy for core strengthening and mobility

New task

0/8 tasks

Stale tasks will be archived in 30 days

Patient Name Sex

Dictate Resume consult Next patient ->

Notepad Transcript Multiple Complaints

Refresh note

Documents identified based on the consult

Presenting Problem(s):

1. Lower Back Pain

- History of back pain for couple of years, significantly worsened over past 6 months
- Pain characteristics: deep, stiff, constant ache in lower back
- Worse in mornings with significant stiffness lasting approximately 1 hour
- Improves with movement, exacerbated by prolonged sitting
- Occasional early morning pain disrupting sleep
- Pain affecting daily activities - reduced gym attendance, difficulty with prolonged sitting at office job
- Pertinent negatives: denies radiation of pain down legs, no numbness/weakness, no bowel/bladder issues
- Associated symptoms: history of red, painful eye few months ago diagnosed as inflammation
- Previous investigations: HLA positive, imaging shows inflammation in sacroiliac joints

Past Medical History:

- No major medical conditions reported

Current Medications & Allergies:

- Occasional ibuprofen for pain management

Family History:

- Father - heart disease in sixties

Personal:

- Occupation: Office worker
- Alcohol: couple of beers on weekends
- Diet: frequent takeaway consumption
- Exercise: previously attended gym, currently reduced due to back pain
- Mood: experiencing frustration, fatigue, and reduced motivation
- Non-smoker

Examination:

- Reduced lumbar flexion
- Positive Schober's test
- Tenderness over sacroiliac joints
- Straight leg raise test negative
- No neurological deficit in lower limbs

Impression:

- Ankylosing spondylitis diagnosis based on:
- Morning stiffness
- Improvement with movement
- HLA positive status
- Imaging showing sacroiliac joint inflammation
- Previous history of eye inflammation

Copy

Type to edit notes, change format, tone, or add sections. Press Ctrl+Shift+D to dictate

AI Assistant icons: A, G, M, U

Add family history details Add medication dosages Make Subjective more concise

- Asthma Action Plan PDF
- Letter to specialist Rheumatologist

Search for documents

- Write anything +Add
- Letter to Specialist 1 Rheumatologist Clear +Add
- Workers Compensation +Add
- Letter to referring clinician Made by Lyrebird Most Recent
- Asthma Action Plan PDF
- Centrelink Medical Certificate PDF
- Medical certificate Made by Lyrebird
- Mental Health Care Plan Made by Lyrebird
- NDIS - Access Request PDF
- NDIS - Access Request - Supporting Eviden... PDF
- Patient letter Made by Lyrebird

Create 2 documents



MBSPro

- New Consult
- Current Consult**
- Pre-Consults
- Past Consults
- Templates
- Settings
- Help

Patient Name
DD / MM / YYYY • Gender

Context **Summary** + Create

B I U [List Icons] Upload Dictate

- No leg pain, numbness, or weakness.
- No bowel or bladder changes.
- History of a red, painful eye a few months ago, diagnosed as possible inflammation.
- Past investigations: HLA-B27 positive.
- Examination:
 - Reduced lumbar flexion.
 - Positive Schober's test.
 - Tenderness over sacroiliac joints.
 - No neurological deficits in lower limbs.
 - Straight leg raise negative.
 - Differential diagnosis: Ankylosing spondylitis.

- Medications**
- Ibuprofen PRN
 - Mobic (meloxicam) 7.5mg OD (new)

- Past Medical History:**
- Uveitis/eye inflammation (a few months ago)

- Family History**
- Father: Ischaemic heart disease in his 60s.

- Social History**
- Works in an office.
 - Alcohol: A couple of beers on weekends.
 - Non-smoker.
 - Reduced exercise due to back pain.

- Physical Examination**
- Musculoskeletal:
 - Reduced lumbar flexion.
 - Positive Schober's test.
 - Tenderness over sacroiliac joints.
 - Neurological:
 - No neurological deficits in lower limbs.
 - Straight leg raise negative bilaterally.

- Plan:**
- Commence Mobic 7.5mg OD.
 - Referral to Rheumatologist for further management and consideration of DMARDs/biologics.
 - Referral to Physiotherapy for core strengthening and mobility.
 - Referral to Exercise Physiologist.
 - Organise blood tests for cardiovascular risk assessment (lipids, glucose).
 - F/U in 2-4/52 to review progress.
 - F/U after rheumatology review.

Resume Consult + New

MBS PBS **Care Plan** Research Resources

Care Plan

No Care Plan Found
Refer to consult to see care plan details.

[Share Icons]

Upgrade to Premium
\$29/month for the first two months

Upgrade to Premium

Win an iPad



3 Help

+ New Patient

- Patient List
- Templates
- Dictionary

- Riaz
- Settings

Patient Name (Auto-Detect)

Resume

Generate

Transcript

symptoms, especially in the morning, stiffness improvement in movement, and imaging this is consistent with ankylosing spondylitis, which is a type of inflammatory arthritis. And I explained that this is a chronic condition, but we can manage it both. and plan for this patient. And this whole plan also plans to set up a clear goal and also prepare patient for physiotherapy. And so the goal of this is to improve morning stiffness, increase mobility and function, return to regular exercise, reduce pain level, and also referral. So for the management, I refer the patient for physiotherapy for core strength and mobility. I refer patients to rheumatology for further management and possibly deep heart medication and also I refer to exercise physiologists. I also put the patient on Mobi 7.5 mg a day initially and we can increase it lately if needed till we see the and they may consider biologic therapy if needed. I also refer patients for cardiovascular risk, including blood tests for cholesterol-level lipids and glucose. And follow up patient in two to four weeks' time to see his progress.

Notes

Enter non-verbalised notes here.

Notes entered here will be included in your post-consult summary.

What would you like to change?

Select Outputs (3)

Copy All

Medical Note

"Medical Note" output will be displayed here.

Referrer Letter (Short)

"Referrer Letter (Short)" output will be displayed here.

Patient Letter

"Patient Letter" output will be displayed here.



Care Plans

Matt Medical Centre

+ Start a New Visit

- Main Menu
- Patients
- Appointments
- Dictation

- Clinical Settings
- Template Library
- Medical Centres

- System & Billing
- License
- Integration

Matt No x Matt No x

- Brief SOAP
- CSHA
- ISOBAR
- FollowUp
- Mental Health
- TeleHealth
- MediQo Analysis
- Differential Analysis
- Plans
- Care Plan
- Treatment Plan
- Letters

Rich text editor toolbar with icons for bold, italic, bulleted list, numbered list, link, unlink, undo, redo, copy, paste, and refresh.

Your text here...

Copy [Rich text editor icons]

Use this box to edit, reorder, or create your own custom note.

While MediQo strives for accuracy, it's always wise to review responses carefully to ensure everything meets your standards.

MN Matt Nott Welcome Back

Finish the visit

History at a Glance View

MBS Suggestion View

3

Chat interface with a purple header, a circular logo, and the text "Hello, Matt How can I help you today?". It includes a QR code, a text input field "Ask Anything...", and a list of items with checkboxes and play buttons.

Add patient details
Ankylosing Spondylitis
Today 11:12AM English 14 days

Context Transcript SOAP Note Write a referral letter to the rheumatologist. Patient Explainer Letter

Patient Explainer Letter Custom

It was a pleasure to see you today and review your health concerns. I appreciate the time you took to share details about your health and personal life. I've summarised our discussion below to help you remember what we covered.

Topic/Issue #1: Ankylosing Spondylitis Diagnosis

During our discussion, we talked about your new diagnosis of ankylosing spondylitis. This is a type of inflammatory arthritis that mainly affects the spine, causing stiffness and pain in your lower back. It is important to understand that this is a chronic (long-term) condition. The morning stiffness you experience, which gets better with movement, and the inflammation seen in your sacroiliac joints on imaging, are key signs of this condition. While it is a long-term condition, it can be managed well, especially with early and structured care. We have started you on Mobic 7.5 milligrams daily to help with the pain and stiffness.

Topic/Issue #2: Management Plan

Another key point we covered was the plan to manage your condition. To address this, we will develop a General Practitioner chronic disease management plan. This will help coordinate your care and set clear goals, such as improving morning stiffness, increasing your mobility, returning to regular exercise, and reducing your pain levels. I have organised referrals to a physiotherapist for core strengthening and mobility exercises, an exercise physiologist to help you get back to physical activity safely, and a rheumatologist (a specialist in inflammatory arthritis) for further management. The rheumatologist will consider other medications, like disease-modifying antirheumatic drugs (DMARDs) or biologic therapies, if needed.

Topic/Issue #3: Cardiovascular Health

We also discussed the importance of monitoring your heart health. To address this, I have organised for you to have some blood tests to check your cholesterol, lipids, and glucose levels. This is a routine part of managing your overall health, especially with a chronic inflammatory condition.

Next Steps:

- Start taking Mobic 7.5mg once daily.
- Book appointments with the physiotherapist, exercise-physiologist, and rheumatologist using the referral letters provided.
- Have the blood tests for your cardiovascular risk assessment.
- Schedule a follow-up appointment with me in two to four weeks to review your progress. We will also have another follow-up after your review with the rheumatologist.

Thank you for trusting me with your care. If you have any questions or concerns about anything we discussed, please do not hesitate to reach out.

Warm regards,
Dr Riaz Hashemi, General Practitioner

Tasks

- Develop a General Practitioner chronic disease management plan for the patient
- Follow up with the patient after their rheumatologist review
- Follow up with the patient in 2-4 weeks to review progress
- Order cardiovascular risk assessment including blood tests for cholesterol, lipids, and glucose for the patient
- Prescribe Mobic 7.5 mg daily for the patient, with option to increase if needed until rheumatologist review
- Refer the patient to a rheumatologist for further management and possible DMARDs/biologic therapy
- Refer the patient to an exercise physiologist
- Refer the patient to physiotherapy for core strengthening and mobility
- New task

Earn 14 free days

- + New Consult
- Current Consult
- Pre-Consults
- Past Consults
- Templates
- Settings
- Help

B I U [List] [List] [List] Dictate

Simple pain relief is needed. Paracetamol as directed on the packet can be used with meloxicam (avoid additional NSAIDs).

Lifestyle Measures

- **Exercise and mobility:** Begin gentle daily mobility work (e.g., spinal extension, hip stretches) and walking; follow the physiotherapy and exercise physiology programs focused on core strength and posture.
- **Work/desk setup:** Use supportive chair, adjust screen height, take microbreaks every 30–45 minutes to stand and move.
- **Heat and pacing:** Apply heat packs to lower back for 15–20 minutes as needed; pace activities and avoid long periods of sitting or bed rest.
- **Sleep:** Aim for regular sleep schedule; consider a firm mattress and side/back sleeping with pillow support as comfortable.
- **General health:** Maintain a balanced diet; moderate alcohol; continue to avoid smoking. Gradually return to the gym with guidance, focusing on low-impact cardio and strengthening.

Follow-up and Monitoring

- **Referrals:** Rheumatology (assessment and consideration of advanced therapies) and Physiotherapy/Exercise Physiology (mobility and strengthening program).
- **Imaging:** X-ray of sacroiliac joints and lumbar spine; MRI sacroiliac joints may be arranged to assess active inflammation (particularly if X-ray is normal).
- **Blood tests (now):** FBC, U&E/creatinine, LFTs, CRP and ESR for inflammation; fasting lipids; fasting glucose or HbA1c (cardiovascular risk check and NSAID monitoring).
- **Additional screening (often via Rheumatology if starting biologics):** TB screening (Quantiferon/T-Spot), hepatitis B and C, HIV, and baseline chest X-ray as indicated.
- **GP review in 2–4 weeks:** Check response to meloxicam, review test results, and adjust plan.
- **Follow-up after Rheumatology review:** To coordinate ongoing management.

Your Personal Action List

- Start meloxicam 7.5 mg once daily with food. Do not take ibuprofen or other anti-inflammatories at the same time.
- Use paracetamol as needed for extra pain relief (follow packet instructions).
- Begin daily mobility exercises and short walks; follow physio guidance. Use heat packs for stiffness.

✎ 🗨️ 👍 📄

Care Plan

Smart Goals

earliest available times and waitlist; set reminders for appointments and fasting test

R Specialist input guides diagnosis and disease-modifying therapy; early physio supports function; bloods assess cardiovascular risk given family history

T Bookings within 2 weeks; tests within 2 weeks; physio within 2 weeks; exercise physiology within 4 weeks; rheumatology within 8 weeks; GP review in 2–4 weeks

Track daily symptoms and flare signs to guide treatment

S Record each day: morning stiffness duration (minutes), back pain score (0–10), exercise completed, medication taken, and any red, painful eye or new joint symptoms; bring the log to appointments and seek urgent optometry/ED care if a red, painful eye

Cycle of Care

Upgrade to Premium
\$29/month for the first two months

Upgrade to Premium

+ Start a New Visit

Main Menu

- Patients
- Appointments
- Dictation
- Teams
- AI Receptionist

Clinical Settings

Template Library

System & Billing

- License
- Integration



Medical

SOAP

Brief SOAP

CSHA

ISOBAR

FollowUp

Mental H

TeleHeal



Medi
Analy

Different



Plans

Care Plan

Treatment



Letter

Referral Letter



MBS Suggestions

Update qualifications



AI-generated recommendations to help build a compliant MBS claim.

Recommendations

36

73806

Explanation

Selected Items

Primary attendance

Item 36 — Professional attendance (≥20 minutes face-to-face)

Rationale:

- The consultation was in-person and lasted 27 minutes, meeting the minimum 20-minute requirement for item **36**.
- Clinical activity documented: review of blood tests (TFTs, iron studies, FBC, LFTs, serology), medication adjustment (levothyroxine dose adjusted), counselling about iron supplementation and antenatal screening, and basic measurements (BP check, weight). These elements (history, clinical examination/observations, investigation review and management plan) align with the clinical requirements for a 20+ minute in-person professional attendance item.
- Item **36** is a general practitioner face-to-face attendance appropriate when there is no more specific single MBS antenatal item that clearly applies (no midwife referral or

Close

History at a Glance

View

MBS Suggestion

View

36

73806

Recommended tests include:

- Full blood count
- Blood group and antibody screen
- Serology: rubella, syphilis, hepatitis B, hepatitis C, HIV
- Urine test (for infection and protein)
- Iron studies (if indicated)
- Thyroid function (if history or symptoms)
- Varicella serology (if no history of chickenpox)
- Early pregnancy screening: HCG (if needed)
- Optional: vitamin D, ferritin, and other relevant tests based on history

The Aus to s con preg heal with allnes al



Use this box to edit, remove, or create your own custom note



While MediQo strives for accuracy, it's always wise to review responses carefully to ensure



Conversation included

MBSPro

- + New Consult
- Current Consult**
- Pre-Consults
- Past Consults
- Templates
- Settings
- Help

Patient Name
DD / MM / YYYY • Gender

Context **Summary** + Create

B I U [List] [List] [Undo] [Redo] Upload Dictate

- No leg pain, numbness, or weakness.
 - No bowel or bladder changes.
 - History of a red, painful eye a few months ago, diagnosed as possible inflammation.
 - Past investigations: HLA-B27 positive.
 - Examination:
 - Reduced lumbar flexion.
 - Positive Schober's test.
 - Tenderness over sacroiliac joints.
 - No neurological deficits in lower limbs.
 - Straight leg raise negative.
 - Differential diagnosis: Ankylosing spondylitis.

Medications
 - Ibuprofen PRN
 - Mobic (meloxicam) 7.5mg OD (new)

Past Medical History:
 - Uveitis/eye inflammation (a few months ago)

Family History
 - Father: Ischaemic heart disease in his 60s.

Social History
 - Works in an office.
 - Alcohol: A couple of beers on weekends.
 - Non-smoker.
 - Reduced exercise due to back pain.

Physical Examination
 - Musculoskeletal:
 - Reduced lumbar flexion.
 - Positive Schober's test.
 - Tenderness over sacroiliac joints.
 - Neurological:
 - No neurological deficits in lower limbs.
 - Straight leg raise negative bilaterally.

Plan:
 - Commence Mobic 7.5mg OD.
 - Referral to Rheumatologist for further management and consideration of DMARDs/biologics.
 - Referral to Physiotherapy for core strengthening and mobility.
 - Referral to Exercise Physiologist.
 - Organise blood tests for cardiovascular risk assessment (lipids, glucose).
 - F/U in 2-4/52 to review progress.
 - F/U after rheumatology review.

Resume Consult + New

MBS PBS Care Plan Research Resources

MBS Planner [Icons]

- STANDARD
- 10997 Practice nurse CDM follow up
 - 23 A/B/C/D/E Standard Attendance
 - 965 Initial GPCCMP
 - 967 Review GPCCMP

Total Fees

Generate Ask MBS PRODA

Upgrade to Premium
 \$29/month for the first two months

Upgrade to Premium

[Icons: Print, Edit, Share, etc.]



AI PDF Filler

Start a New Visit

New Visit

- John Do x
- New Visit x
- New Visit x
- John Do x

Mental Health

TeleHealth

Mediqo Analysis

Differential Analysis

Plans

Care Plan

Treatment Plan

Letters

Referral Letter

Patient Education Letter

my custom referral

Form

Forms

Choose a template to generate a PDF.

75 YEARS AND OLDER HEALTH ASSESSMENT
An assessment of a patient's health and physical, psychological and social function for the purpose of initiating preventative health care and/or medical interventions as appropriate. May be claimed once every twelve months by an eligible patient.

PATIENT DETAILS

Name:	DOB:
Gender:	ATSP:
Address:	
Telephone: (Home) (Work) (Mobile)	
Interpreter: (Language) (If Yes, Language)	

ALTERNATIVE CONTACT DETAILS

Name:	Address:	Phone:
-------	----------	--------

PATIENT CONSENT

Explanation of health check given:	Consent given for information to be collected by:
Patent consent for health check given:	<input checked="" type="checkbox"/> Practice Nurse
Date consent was given:	Consent to share/referral to other health providers:
Copy of Health Assessment Offered to Patient/ender Care:	Comments:

BACKGROUND INFORMATION

Patent says current health is:	Concerns:
Have you seen any other Doctor/GP/Specialist in the last 6 months? :	Name and Details:

MEDICAL HISTORY

PHYSICAL ASSESSMENT

Height	
Weight	
BMI	
Heart Rate	
Blood pressure	

RELEVANT FAMILY HISTORY

MEDICATIONS

Current Rx:			
Manages own medicines?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Uses OTCs?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Compliance issues?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

Health Assessment

Progress Certificate of Capacity

Explanatory notes for medical practitioners
This information is provided to assist medical practitioners to complete the Progress Certificate of Capacity.

WORK HELPS RECOVERY

Final Certificate of Capacity

Explanatory notes for medical practitioners
This information is provided to assist medical practitioners to complete the Final Certificate of Capacity.

WORK HELPS RECOVERY

EFFECTIVE COMMUNICATION

EXPLANATORY NOTES

Medical Assessment

Date of this assessment
This is the date the medical practitioner examined the worker and made an assessment of their capacity for work and injury management needs.

Date of injury
This is the date the worker sustained the injury and should be consistent with the date stated on the First and Progress Certificates of Capacity.

Where the medical practitioner believes the worker's condition will not substantially change in the next 12 months, please tick the box.

Work capacity

Describing work capacity
Medical practitioners certify whether the worker has:
• full capacity for work, including all pre-injury duties and hours with no modifications
• some capacity for work, or partial capacity, including selected pre-injury duties, other suitable duties, workplace modifications and/or modified hours.

Where the worker has full capacity but requires further medical treatment, please tick the box. Medical treatment should be minor and time limited (e.g. removal of stitches).

Workers compensation WA Final Explanatory

FINAL certificate of capacity

1. WORKER'S DETAILS

First name	Last name
Date of birth	Claim no.

First Certificate of Capacity

Explanatory notes for medical practitioners
This information is provided to assist medical practitioners to complete the First Certificate of Capacity.

WORK HELPS RECOVERY

EFFECTIVE COMMUNICATION

EXPLANATORY NOTES

Consent Authority

This section provides medical practitioners with the worker's consent to discuss the compensable condition with the worker's employer, insurer and other medical or allied health professionals for the purpose of these worker's compensation claim and return to work.

Worker's description of injury

Date of injury
This is the date the worker sustained the injury. In most cases, this will be the date of incident. For gradual-onset diseases, this is the date the worker first reported symptoms.

What happened?
This is the worker's description of the injury and how it occurred.

Examples:
• Fall off a ladder while reaching for a box. Landed heavily on his right arm.
• A man entered the workplace and threatened her with a knife.

Worker's symptoms
This is the worker's description of what symptoms are being experienced because of the injury.

Workers compensation WA First Explanatory

FIRST certificate of capacity

1. WORKER'S DETAILS

First name	Last name
------------	-----------

History at a Glance

6.5 Blood pressure 118
NORMAL

MBS Suggestion

3



Riaz
you today



AI Assistant

History:

The patient reported experiencing a very sore leg, with pain that began after running. They noted that they had not engaged in running for quite some time prior to this episode.

The patient also described some numbness extending into the backside and mentioned that walking feels somewhat unusual or "weird."

The patient reported recurrent migraines accompanied by photosensitivity.

The patient also reported sleep disruption as a result of the migraines.

The patient denied experiencing neck pain.

The patient's medical history includes asthma.

Assessment:

The patient has pain following exertion, accompanied by numbness and altered sensation; neuropathy requires further evaluation.

The patient has a recurrent migraine.

The patient was advised to take Panadol and Nurofen for pain management.

Medical Voltaren was offered as an alternative to Nurofen, with clear instructions not to use Voltaren and Nurofen simultaneously.

A referral for an ultrasound of the leg will be provided to investigate the cause of the pain and associated symptoms.

A detailed assessment for potential neuropathy is planned to evaluate the altered sensation and numbness in the leg.

A prescription for migraine treatment will be provided to address the recurrent migraines and associated symptoms.


Copy



Use this box to add, reorganize, or create your own custom note



At MediQo, we strive for accuracy, it's always wise to review responses carefully to ensure everything meets your standards.

 Save as a Draft

Finish the visit



Hello, Matt

How can I help you today?

Include the conversation

is a migraine related to



Important: This is not a diagnostic tool

For educational purposes and must be tailored by a healthcare professional. Always consult a specialist for personalised treatment. Good for medical, mental health, fitness and general lifestyle.

- New session
- Scribe
- Evidence
- Tasks
- Comms
- My Library
- My Templates
- Community
- Templates
- Team
- Settings
- Earn 14 free days
- Help
- Notifications
- Riaz Hashemi
riazhashemi81@gmail.com

- New chat
- Search chats
- Library
- CPD
- Saved
- Keep answers ready for your next consultation.
- Recent
- LBP Exam

Tailor evidence to your practice

Tell us your specialty and location to prioritise specialty-specific research and relevant local guidelines.

Specialty

General Practitioner

State/Region

Select state/region

Skip for now **Save preferences**

- Prepare
- Write
- Fill Form

CPD activity
13 sources referenced



Differential Analysis



Matt Medical Centre

+ Start a New Visit

Main Menu

- Patients
- Appointments
- Dictation

Clinical Settings

- Template Library
- Medical Centres

System & Billing

- License
- Integration

Matt No x Matt No x

Medical Notes

SOAP

Brief SOAP

CSHA

ISOBAR

FollowUp

Mental Health

TeleHealth

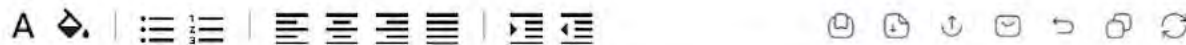
MediQo Analysis

Differential Analysis

Plans

Care Plan

Treatment Plan



The patient has given consent to use their voice for generating medical notes.

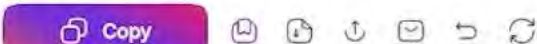
Chief Complaint:

- Back pain recurring

Recurrent back pain

Subjective:

- Back has been hurting again.
- History of work-related back injury ~3 years ago with recurrent episodes: can be fine for a while, then flares after bending down or moving "in a weird way".
- Stopped attending physical therapy once back felt better; reported barriers included work schedule, cost, insurance only covering a limited number of sessions, therapy office moved further away, parking costs.
- Reported physical therapy was helping but was "slow-going" initially.
- Reported desire to avoid losing time at work and avoid lying around at home.
- Previously used tramadol when physical therapy alone was not working; reported it worked well but became too expensive.
- Reported insurance costs are not decreasing but felt it should be manageable.



Use this box to edit, reorder, or create your own custom note.

While MediQo strives for accuracy, it's always wise to review responses carefully to ensure everything meets your standards.

Save as a Draft

Finish the visit

History at a Glance View

MBS Suggestion View

3

Hello, Matt

How can I help you today?

Include the c

Ask Anything...

Important: This

for educational p... ed by a healthcare professional. Always consult a specialist for personalised treatment. Consider patient-specific factors and consult Clinical Guidelines for further...

MN Matt Nott Welcome Back



AI Referral Letters



Matt Medical Centre

+ Start a New Visit

Main Menu

- Patients
- Appointments
- Dictation

Clinical Settings

- Template Library
- Medical Centres

System & Billing

- License
- Integration

Matt No

Matt No

FollowUp

FollowUp

Mental Health

TeleHealth

MediQo Analysis

Differential Analysis

Plans

Care Plan

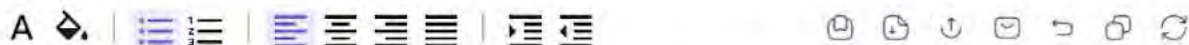
Treatment Plan

Letters

Referral Letter

Patient Education Letter

Template 1



Clinical Guidelines Alignment:

- Initial Approach: I focused on non-pharmacological management options (heat therapy and active movement-based programs such as yoga/tai chi/meditation) to support function and reduce recurrence, consistent with first-line approaches for non-specific low back pain.
- Escalation Strategy: I discussed that medication had been used previously when physical therapy alone was not sufficient (tramadol) and that a lower-cost generic option could be considered in future if required; for now, I recommended sticking with non-prescription medicines alongside non-pharmacological strategies.
- Review Protocol: I planned early review (next week by phone) to reassess symptom control and feasibility/cost barriers, and to adjust the management approach accordingly.

Next Line Treatment: If symptoms are not adequately controlled with the current non-pharmacological approach and non-prescription medicines, I would consider reintroducing a prescription analgesic option (including a lower-cost generic option as discussed) and revisiting structured physical therapy.

Disclaimer: This plan is for educational purposes and must be tailored by a healthcare professional. Always consult a specialist for personalized treatment. Consider patient-specific factors and consult Clinical Guidelines in Australia.



Use this box to add, reorder, or create your own custom note.

While MediQo strives for accuracy, it's always wise to review responses carefully to ensure everything meets your standards.

Important: This is not a diagnostic tool for educational purposes and must be tailored by a healthcare professional. Always consult a specialist for personalised treatment. Consider patient-specific factors and consult Clinical Guidelines in Australia.

Save as a Draft

Finish the visit

History at a Glance View

MBS Suggestion View

3

Hello, Matt
How can I help you today?

Include the...

Ask Anything...

Important: This...
for educational purposes and must be tailored by a healthcare professional. Always consult a specialist for personalised treatment. Consider patient-specific factors and consult Clinical Guidelines in Australia.

Today 11:17 AM English 14 days Context Transcript SOAP Note

SOAP Note Custom

Subjective:

- Recurrent lower back pain, worsening lately
- Deep, stiff, constant ache in lower back; present for couple of years, more noticeable over last six months
- Worse in mornings with significant stiffness on waking, takes approximately one hour to loosen up; improves with movement, sitting still or resting does not help
- Occasional pain waking at night, especially early morning
- No pain radiating to legs, no numbness or weakness
- No bowel or bladder issues
- Red, painful eye a few months ago; Dr Metz advised possible inflammation
- Works in office; prolonged sitting is difficult, has become less active, stopped going to gym
- Mood affected, feeling frustrated, more tired and less motivated

Past Medical History:

- No major past medical history
- Medications: ibuprofen occasionally for pain
- Non-smoker, alcohol couple of beers on weekends; diet could be better with some takeaway; reduced exercise
- Family history: heart disease in father in his sixties

Objective:

- Reduced lumbar flexion
- Positive Schober's test
- Tenderness over sacroiliac joints
- No neurological deficit in lower limbs
- Straight leg raise negative
- Human leukocyte antigen positive
- Imaging: inflammation in sacroiliac joints

Assessment:

- Ankylosing spondylitis

Plan:

- Counseled that this is a chronic condition but can be managed well, especially with early structured care
- General Practitioner chronic disease management plan to be developed
- Goals: improve morning stiffness, increase mobility and function, return to regular exercise, reduce pain level
- Referral to physiotherapy for core strengthening and mobility
- Referral to rheumatologist for further management and consideration of disease-modifying antirheumatic drug medication or biologic therapy
- Referral to exercise physiologist
- Commenced Mobic 7.5 milligrams daily initially, can increase if needed until rheumatologist review
- Cardiovascular risk assessment including blood tests for cholesterol, lipids and glucose
- Follow up in two to four weeks to review progress; also follow up after rheumatologist review

Search or generate anything

Sort Type Creator Hide Pro

Generate a document with AI

Document templates

- Letter Back to Referring Clinician
- Advice and Guidance Letter

+ Create new template Set as default

You've got 14 days left in your trial of the Clinician plan Upgrade

- Tasks
- Develop a General Practitioner chronic disease management plan for the patient
 - Follow up with the patient after their rheumatologist review
 - Follow up with the patient in 2-4 weeks to review progress
 - Order cardiovascular risk assessment including blood tests for cholesterol, lipids, and glucose for the patient
 - Prescribe Mobic 7.5 mg daily for the patient, with option to increase if needed until rheumatologist review
 - Refer the patient to a rheumatologist for further management and possible DMARDs/biologic therapy
 - Refer the patient to an exercise physiologist
 - Refer the patient to physiotherapy for core strengthening and mobility
- New task

Patient Name Sex

Dictate Resume consult Next patient ->

Notepad Transcript Multiple Complaints

+ Refresh note

Documents identified based on the consult

- Occupation: Office worker
- Alcohol: couple of beers on weekends
- Diet: frequent takeaway consumption
- Exercise: previously attended gym, currently reduced due to back pain
- Mood: experiencing frustration, fatigue, and reduced motivation
- Non-smoker

- Examination:
- Reduced lumbar flexion
 - Positive Schober's test
 - Tenderness over sacroiliac joints
 - Straight leg raise test negative
 - No neurological deficit in lower limbs

- Impression:
- Ankylosing spondylitis diagnosis based on:
 - Morning stiffness
 - Improvement with movement
 - HLA positive status
 - Imaging showing sacroiliac joint inflammation
 - Previous history of eye inflammation

- Plan:
- ANKYLOSING SPONDYLITIS MANAGEMENT**
- Initiate Mobic 7.5mg daily with potential for dose increase
- Referrals:
- Rheumatologist for assessment and potential DMARDs/biologics therapy
 - Physiotherapy for core strengthening and mobility exercises
 - Exercise physiologist
 - GP Management Plan to be implemented
- Cardiovascular risk assessment:
- Blood tests for cholesterol, lipids, and glucose
 - Goals established:
 - Improve morning stiffness
 - Increase mobility and function
 - Return to regular exercise
 - Reduce pain levels
- Follow-up:
- Review in 2-4 weeks to assess progress
 - Additional follow-up after rheumatologist review

Rate this note

Copy

- Asthma Action Plan PDF
- Letter to specialist Rheumatologist

Search for documents

- Write anything +Add
- Letter to Specialist 1 Rheumatologist Clear +Add
- Workers Compensation +Add
- Letter to referring clinician Made by Lyrebird Most Recent
- Asthma Action Plan PDF
- Centrelink Medical Certificate PDF
- Medical certificate Made by Lyrebird
- Mental Health Care Plan Made by Lyrebird
- NDIS - Access Request PDF
- NDIS - Access Request - Supporting Eviden... PDF
- Patient letter Made by Lyrebird

Type to edit notes, change format, tone, or add sections. Press Ctrl+Shift+D to dictate

AI Dictate icons

Add family history details Add medication dosages Make Subjective more concise

Create 2 documents



B I U List Bulleted Dictate

General health: Maintain a balanced diet; moderate alcohol; continue to avoid smoking. Gradually return to the gym with guidance, focusing on low-impact cardio and strengthening.

Follow-up and Monitoring

- **Referrals:** Rheumatology (assessment and consideration of advanced therapies) and Physiotherapy/Exercise Physiology (mobility and strengthening program).
- **Imaging:** X-ray of sacroiliac joints and lumbar spine; MRI sacroiliac joints may be arranged to assess active inflammation (particularly if X-ray is normal).
- **Blood tests (now):** FBC, U&E/creatinine, LFTs, CRP and ESR for inflammation; fasting lipids; fasting glucose or HbA1c (cardiovascular risk check and NSAID monitoring).
- **Additional screening (often via Rheumatology if starting biologics):** TB screening (Quantiferon/T-Spot), hepatitis B and C, HIV, and baseline chest X-ray as indicated.
- **GP review in 2-4 weeks:** Check response to meloxicam, review test results, and adjust plan.
- **Follow-up after Rheumatology review:** To coordinate ongoing management.

Your Personal Action List

- Start meloxicam 7.5 mg once daily with food. Do not take ibuprofen or other anti-inflammatories at the same time.
- Use paracetamol as needed for extra pain relief (follow packet instructions).
- Begin daily mobility exercises and short walks; follow physio guidance. Use heat packs for stiffness.
- Set up your workstation to reduce long sitting; stand and move every 30-45 minutes.
- **Keep records:**
 - Daily pain score and morning stiffness duration
 - Any side-effects from medicines
 - Activity/exercise completed
- **Book appointments:**
 - Rheumatology assessment
 - Physiotherapy and/or Exercise Physiology
 - Imaging (SI joint and lumbar spine as arranged)
 - Blood tests this week (before your 2-4 week GP review)
 - GP review in 2-4 weeks, and again after Rheumatology visit

Safety-Net: When to Seek Further Help

Call 000 or go to the nearest emergency department immediately if you experience:

- New severe weakness, numbness, or loss of control of bladder/bowel
- Severe back pain with sudden fever, or pain after significant trauma
- Chest pain, severe shortness of breath, swelling of lips/face, or a severe allergic reaction
- Vomiting blood, black/tarry stools, or severe abdominal pain (possible stomach bleeding)

See a GP the same day if you notice:

- Sudden worsening back pain, spreading pain down the legs, or new tingling/numbness
- Red, painful eye with light sensitivity or blurred vision (possible uveitis)
- Persistent stomach pain, indigestion, ankle swelling, or reduced urine output while on meloxicam
- Fever, night sweats, or unexplained weight loss

Arrange review within 2-3 days if:

- Pain and stiffness are not improving with meloxicam and gentle movement
- You develop troublesome side-effects from medicines
- You are unsure how to perform the exercises or pain limits daily activities

Keep this plan handy and share it with your physiotherapist and rheumatologist so everyone is aligned on your care.
Generated via MBS Pro patient-information template

Care Plan

Smart Goals

- Specialist input guides diagnosis and disease-modifying therapy; early physio supports function; bloods assess cardiovascular risk given family history
- Bookings within 2 weeks; tests within 2 weeks; physio within 2 weeks; exercise physiology within 4 weeks; rheumatology within 8 weeks; GP review in 2-4 weeks

Track daily symptoms and flare signs to guide treatment

- Record each day: morning stiffness duration (minutes), back pain score (0-10), exercise completed, medication taken, and any red, painful eye or new joint symptoms; bring the log to appointments and seek urgent optometry/ED care if a red, painful eye recurs
- Complete entries on at least 6 days/week for 8 weeks and bring the log to GP and rheumatology visits
- Use a simple diary or phone app; complete entries at the same time daily (e.g., after breakfast)
- Tracking symptoms helps assess disease activity, treatment response, and detect uveitis flares early
- Start today; review at GP follow-up in 2-4 weeks and again at 8 weeks

Cycle of Care

Upgrade to Premium
\$29/month for the first two months

Upgrade to Premium



AI Patient Letters

Matt Medical Centre

+ Start a New Visit

- Main Menu
 - Patients
 - Appointments
 - Dictation
- Clinical Settings
 - Template Library
 - Medical Centres
- System & Billing
 - License
 - Integration

Matt No x Matt No x

- FollowUp
- Mental Health
- TeleHealth
- MediQo Analysis
- Differential Analysis
- Plans
- Care Plan
- Treatment Plan
- Letters
- Referral Letter
- Patient Education Letter
- Template 1

Rich text editor toolbar with icons for bold, italic, bulleted list, numbered list, link, unlink, undo, redo, copy, paste, and refresh.

Dear Matt,
 I am writing to provide you with information about your health condition and how we can manage it together.
Your Condition: You have recurring

Copy button and sharing icons (print, download, email, share, refresh).

Use this box to edit, reorder, or create your own custom note.

While MediQo strives for accuracy, it's always wise to review responses carefully to ensure everything meets your standards.

More options menu (three dots) and Finish the visit button.

MN Matt Nott Welcome Back

History at a Glance View

MBS Suggestion View

3

Chat interface with a purple background, a speech bubble icon, and the text: "Hello, Matt How can I help you today?"

Input field: Ask Anything...

QR code for scanning.

Important: This... for educational purposes... Always consult a specialist for personalised treatment. Consider patient-specific factors and consult Clinical Guidelines in Australia.

Search or generate anything

Sort Type Creator Hide Pro

- Write a referral letter to the rheumatologist.
- Generate a gp chronic management plan.
- Create a physiotherapy referral and exercise plan.

Document templates

- Letter Back to Referring Clinician
- Advice and Guidance Letter
- Generic Referral Letter

+ Create new template Set as default

You've got 14 days left in your trial of the Clinician plan Upgrade

Tasks

- Develop a General Practitioner chronic disease management plan for the patient
 - Follow up with the patient after their rheumatologist review
 - Follow up with the patient in 2-4 weeks to review progress
 - Order cardiovascular risk assessment including blood tests for cholesterol, lipids, and glucose for the patient
 - Prescribe Mobic 7.5 mg daily for the patient, with option to increase if needed until rheumatologist review
 - Refer the patient to a rheumatologist for further management and possible DMARDs/biologic therapy
 - Refer the patient to an exercise physiologist
 - Refer the patient to physiotherapy for core strengthening and mobility
- New task

Patient Name [input] Sex [input]

Dictate, Create Document, Resume consult, Next patient ->

Notebook Transcript Multiple Complaints Refresh note Letter to specialist NSW

Father - heart disease in sixties

Personal:

- Occupation: Office worker
- Alcohol: couple of beers on weekends
- Diet: frequent takeaway consumption
- Exercise: previously attended gym, currently reduced due to back pain
- Mood: experiencing frustration, fatigue, and reduced motivation
- Non-smoker

Examination:

- Reduced lumbar flexion
- Positive Schober's test
- Tenderness over sacroiliac joints
- Straight leg raise test negative
- No neurological deficit in lower limbs

Impression:

- Ankylosing spondylitis diagnosis based on:
- Morning stiffness
- Improvement with movement
- HLA positive status
- Imaging showing sacroiliac joint inflammation
- Previous history of eye inflammation

Plan:

ANKYLOSING SPONDYLITIS MANAGEMENT

- Initiate Mobic 7.5mg daily with potential for dose increase
- Referrals:
 - Rheumatologist for assessment and potential DMARDs/biologics therapy
 - Physiotherapy for core strengthening and mobility exercises
 - Exercise physiologist
 - GP Management Plan to be implemented
- Cardiovascular risk assessment:
 - Blood tests for cholesterol, lipids, and glucose
 - Goals established:
 - Improve morning stiffness
 - Increase mobility and function
 - Return to regular exercise
 - Reduce pain levels
- Follow-up:
 - Review in 2-4 weeks to assess progress
 - Additional follow-up after rheumatologist review

Copy

Rate this note

Type to edit notes, change format, tone, or add sections. Press Ctrl+Shift+D to dictate

Add family history details | Add medication dosages | Make Subjective more concise

Give feedback on this workflow

Download

Each document counts towards 50 monthly actions.

Search for documents

- Write anything +Add
- Letter to Specialist +Add
- Workers Compensation +Add
- Letter to referring clinician Made by Lyrebird Most Recent
- Asthma Action Plan PDF
- Centrelink Medical Certificate PDF
- Medical certificate Made by Lyrebird
- Mental Health Care Plan Made by Lyrebird
- NDIS - Access Request PDF
- NDIS - Access Request - Supporting Evidenc... PDF
- Patient letter Made by Lyrebird

Create 1 document

MBSPro

- + New Consult
- Current Consult**
- Pre-Consults
- Past Consults
- Templates
- Settings
- Help

Patient Name
DD /MM/ YYYY • Gender

Context **Summary** + Create

B I U [List] [List] [Undo] [Redo] Upload Dictate

- No leg pain, numbness, or weakness.
- No bowel or bladder changes.
- History of a red, painful eye a few months ago, diagnosed as possible inflammation.
- Past investigations: HLA-B27 positive.
- Examination:
 - Reduced lumbar flexion.
 - Positive Schober's test.
 - Tenderness over sacroiliac joints.
 - No neurological deficits in lower limbs.
 - Straight leg raise negative.
 - Differential diagnosis: Ankylosing spondylitis.

- Medications**
- Ibuprofen PRN
 - Mobic (meloxicam) 7.5mg OD (new)

- Past Medical History:**
- Uveitis/eye inflammation (a few months ago)

- Family History**
- Father: Ischaemic heart disease in his 60s.

- Social History**
- Works in an office.
 - Alcohol: A couple of beers on weekends.
 - Non-smoker.
 - Reduced exercise due to back pain.

- Physical Examination**
- Musculoskeletal:
 - Reduced lumbar flexion.
 - Positive Schober's test.
 - Tenderness over sacroiliac joints.
 - Neurological:
 - No neurological deficits in lower limbs.
 - Straight leg raise negative bilaterally.

- Plan:**
- Commence Mobic 7.5mg OD.
 - Referral to Rheumatologist for further management and consideration of DMARDs/biologics.
 - Referral to Physiotherapy for core strengthening and mobility.
 - Referral to Exercise Physiologist.
 - Organise blood tests for cardiovascular risk assessment (lipids, glucose).
 - F/U in 2-4/52 to review progress.
 - F/U after rheumatology review.

Resume Consult + New

MBS PBS Care Plan Research Resources

Care Plan

Smart Goals

- Specialist input guides diagnosis and disease-modifying therapy; early physio supports function; bloods assess cardiovascular risk given family history
- Bookings within 2 weeks; tests within 2 weeks; physio within 2 weeks; exercise physiology within 4 weeks; rheumatology within 8 weeks; GP review in 2-4 weeks

Track daily symptoms and flare signs to guide treatment

- Record each day: morning stiffness duration (minutes), back pain score (0-10), exercise completed, medication taken, and any red, painful eye or new joint symptoms; bring the log to appointments and seek urgent optometry/ED care if a red, painful eye recurs
- Complete entries on at least 6 days/week for 8 weeks and bring the log to GP and rheumatology visits
- Use a simple diary or phone app; complete entries at the same time daily (e.g., after breakfast)
- Tracking symptoms helps assess disease activity, treatment response, and detect uveitis flares early
- Start today; review at GP follow-up in 2-4 weeks and again at 8 weeks

Cycle of Care

Upgrade to Premium
\$29/month for the first two months

Upgrade to Premium

Win an iPad



3 Help

+ New Patient

Patient List

Templates

Dictionary

Riaz

Settings

Patient Name (Auto-Detect)

Resume

Regenerate

Expand Transcript

What would you like to change?

Select Outputs (3)

Copy All

Patient Letter

Active Diagnoses:

- 1. Ankylosing Spondylitis (A type of inflammatory arthritis affecting the spine and large joints, particularly the sacroiliac joints)

Plan:

- 1. For your Ankylosing Spondylitis:
 - Start taking Meloxicam (Mobic) 7.5mg once daily
 - Attend physiotherapy sessions to improve core strength and mobility
 - See an exercise physiologist to develop a suitable exercise program
 - See a rheumatologist who may consider additional treatments
 - Return for review in 2-4 weeks to check your progress
 - Further follow-up after your rheumatology appointment
- 2. In General:
 - Have blood tests to check cholesterol, lipids, and glucose levels

Copy



AI Quality Assurance

- Beware of AI scribes that have hallucinations – all data must be factual and legally defensible
- Some AI tools require longer waiting times for generations
- Some documentation is not in Medicare compliant formats
- MBS item numbers not being accurate
- Ambient vs. triggered only listening
- Limited customisation, which in turn limits workflows
- Ensure AI receptionists have Australian accents not American accents

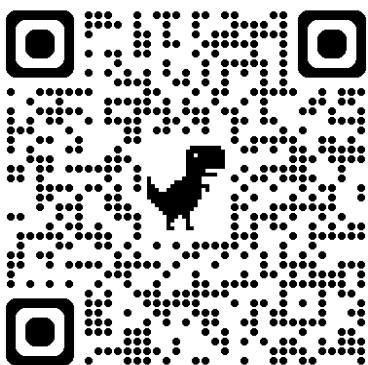
Next Steps

1. Define your need and goals
2. Engage stakeholders early
3. Prepare workflows and data
4. Train staff
5. Pilot, review and refine
6. Monitor outcomes
7. Embed the change



[Excerpt from Train IT Medical eLearning course: AI Literacy for Healthcare Practices](#)

See these AI tools in action



Book a free
30 minute demo

