

PATIENT/MEMBER INFORMATION

Customer Number	Patient Name	Date of Birth (dd/mm/yyyy)
Preferred Email Address for Response		

DECLARATION

I consent to the disclosure of my medical information relating to the condition(s) requiring hospital treatment to health.com.au. I also give consent for any other medical practitioner(s) who has/have seen me regarding the condition(s) to give medical information to health.com.au.

Signature of Patient (or Guardian)	Date (dd/mm/yyyy)
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DETAILS OF CURRENT INSULIN PUMP

Name of Device	Model Number	Date Of Purchase (dd/mm/yyyy)
Current Form of Insulin Delivery	HBA1C Reading	Frequency of Testing
		BSL Reading History Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No

DETAILS OF NEW DEVICE

Name of Device	Model Number
AHSA Prosthesis List Rebate Code	AHSA Prosthesis List Benefit
Has the Pump Malfunctioned? Please Provide Details	Documents to Attach <input type="checkbox"/> Letter from Endocrinologist <input type="checkbox"/> Supplier Work Report
Is the Pump no Longer Meeting the Patient's Insulin Needs due to a Change in Medical Circumstances? Please Provide Details	Documents to Attach <input type="checkbox"/> Letter from Endocrinologist <input type="checkbox"/> Clinical History

ENDOCRINOLOGIST DETAILS

Name of Endocrinologist	Date Started Seeing Patient (dd/mm/yyyy)	Telephone Number (include area code)
Email Address	Date (dd/mm/yyyy)	Signature

DIABETES EDUCATOR DETAILS

Name of Diabetes Educator	Date Started Seeing Patient (dd/mm/yyyy)	Telephone Number (include area code)
Email Address	Date (dd/mm/yyyy)	Signature

Please return this form to health.com.au - ATTENTION: HOSPITAL TEAM - via one of the methods below:

Email: customers@health.com.au

Fax: 03 8609 1396