

A: PATIENT CONSENT FOR RELEASE OF INFORMATION

Patient's health.com.au Customer Number

Patient Name	Date of Birth <i>(dd/mm/yyyy)</i>
Preferred email address for response	Telephone Number <i>(include area code)</i>

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 <i>(dd/mm/yyyy)</i>
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DETAILS OF NEW DEVICE

Name of Device	Model Number	Proposed Date of Implant	
AHSA Prosthesis List Rebate Code	AHSA Prosthesis List Benefit		
Will an Admission be Required? If so, where?			
Date Diagnosed with Type 1 Diabetes <i>(dd/mm/yyyy)</i>	Current Form of Insulin Delivery	HBA1C Reading	Frequency of Testing

ENDOCRINOLOGIST DETAILS

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

DIABETES EDUCATOR DETAILS

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