health.com.au **INSULIN PUMP APPLICATION**

REPLACEMENT PUMP

PATIENT CONSENT FOR RELEASE OF INFORMATION

Patient's health.com.au Customer Number

Preferred email address for response

Patient Name

Date of Birth *(dd/mm/yyy)*

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)*

DETAILS OF CURRENT INSULIN PUMP

Name of Device

Model Number

Date of Purchase *(dd/mm/yyy)*

Current Form of Insulin Delivery

HBA1C Reading

Frequency of Testing

BSL Reading History Attached?

YES NO

DETAILS OF NEW DEVICE

Name of Device

Model Number

AHSA Prosthesis List Rebate Code

AHSA Prothesis List Benefit

Has the Pump Malfunctioned? Please Provide Details.

Documents to attach

Letter from Endocrinologist Supplier Work Report

Is the Pump no longer meeting the patient's Insulin needs due to a change in medical circumstances? Please provide details.

Letter from Endocrinologist Clinical History

ENDOCRINOLOGIST DETAILS

Name of Endocrinologist

Date Started Seeing Patient (dd/mm/yyyy)

Telephone Number *(include area code)*

Email Address

Signature of Medical Practitioner

Date *(dd/mm/yyyy)*

DIABETES EDUCATOR DETAILS

Name of Diabetes Educator

Date Started Seeing Patient (dd/mm/yyyy)

Telephone Number *(include area code)*

Email Address

Signature of Diabetes Educator

Date *(dd/mm/yyyy)*

Please return to health.com.au ATTENTION: HOSPITAL TEAM
via email: hospitalteam@health.com.au