

Declaration of Condition Form

This form needs to be completed by:

1. Member claiming benefit. (unless under the age of 18)
2. Medical practitioner diagnosing the condition

Member Details:

Membership Number			
First Name		Last Name	

To be completed by your medical practitioner

Practitioner's full name	
Practice address	
Medicare provider number	

Health Condition - What condition is the program intended to manage?

<input type="checkbox"/> Arthritis	<input type="checkbox"/> Asthma	<input type="checkbox"/> Body mass index over 26	<input type="checkbox"/> Diabetes
<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Musculoskeletal	<input type="checkbox"/> Stress	<input type="checkbox"/> Heart Disease
<input type="checkbox"/> Other Condition (must be a diagnosed condition)			

Please specify other condition here:

This member has had this condition since (diagnosed date):

Prescribed Program - which program do you prescribe to manage the member's condition?

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How long is this program prescribed for?

3 months
 6 months
 12- 24 months
 Other

What is the intended outcome of prescribing this program to manage this member's condition?

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Declaration by medical practitioner

I declare the program prescribed is intended to manage this member's specific health condition that I have identified and that all information provided is true and correct.

Full Name:			
Signature		Date:	

Please include this completed form with your claim.

Disclaimer: This form is valid for a maximum of 24 months and will need to be reviewed after that time. For more information refer to our website for terms and conditions. Alternatively, you can call us on 1800 808 700 or email us at info@peoplecare.com.au