Registration for NDSS card

national diabetes services scheme

Diabetes AUSTRALIA

Section 1: Details of Health Care Provider *

Name of Clinic or health Service ……..

Postal Address ……..……..

Person in Charge/ Contact ……..

State……..**Postcode**……..

Telephone Number ……..

Fax Number ……..……

Page … **of** ……

Section 2: Details of Person (s) with Diabetes

	1	2	3	4	5	6	7
First Name							
Surname							
Address	As Above	As Above	As Above	As Above	As Above	As Above	As Above
Suburb							
(S) State (P) Postcode	(S)_ _ _ (P)_ _ _ _	(S)_ _ _ (P)_ _ _ _	(S)_ _ _ (P)_ _ _ _	(S)_ _ _ (P)_ _ _ _	(S)_ _ _ (P)_ _ _ _	(S)_ _ _ (P)_ _ _ _	(S)_ _ _ (P)_ _ _ _
Medicare or DVA Number							
D.O.B	_ _ / _ _ / _ _	_ _ / _ _ / _ _	_ _ / _ _ / _ _	_ _ / _ _ / _ _	_ _ / _ _ / _ _	_ _ / _ _ / _ _	_ _ / _ _ / _ _
Sex M/F							
Country of Birth							
Indigenous Status							
Type of Diabetes							
Date of Diagnosis							
Are insulin injections required?							
Date of First injection	_ _ / _ _ / _ _	_ _ / _ _ / _ _	_ _ / _ _ / _ _	_ _ / _ _ / _ _	_ _ / _ _ / _ _	_ _ / _ _ / _ _	_ _ / _ _ / _ _
Section 4 Research: I agree to receive information on research opportunities.	Y ☐ N ☐	Y ☐ N ☐	Y ☐ N ☐	Y ☐ N ☐	Y ☐ N ☐	Y ☐ N ☐	Y ☐ N ☐
Section 5B: Would you like to receive information from Diabetes Australia?	Y ☐ N ☐	Y ☐ N ☐	Y ☐ N ☐	Y ☐ N ☐	Y ☐ N ☐	Y ☐ N ☐	Y ☐ N ☐
Signature of Applicant	Under the care of the Health Clinic or Service						
Office Use only: NDSS Registration number							

Section 3: Certification by a health professional – *I confirm I have performed the diagnosis or sighted written documentation relating to the diagnosis of diabetes for applicants named in section 2.*

				Signature:	
Practitioner/ Diabetes Educators name:		Provider Number		Date:	
Business Address:		Phone number:	(W) (M)	(F)	