ndss
national diabetes services scheme

Diabetes AUSTRALIA

Section 1: Details of Health Care Provider *

Name of Clinic or health Service ……..

Person in Charge/ Contact ……..

Telephone Number ……..

Postal Address ……..

State……..**Postcode**……..

Fax Number ……..

Page … **of** ……

Section 2: Details of Person (s) with Diabetes

	1	2	3	4	5	6
First Name						
Surname						
Medicare or DVA Number						
D.O.B	_ _ / _ _ / _ _	_ _ / _ _ / _ _	_ _ / _ _ / _ _	_ _ / _ _ / _ _	_ _ / _ _ / _ _	_ _ / _ _ / _ _
Sex M/F						
Country of Birth						
Indigenous Status						
Type of Diabetes						
Date of Diagnosis						
Are insulin or other 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 □
Section 5B: Would you like to receive information from Diabetes Australia?	Y □ N □	Y □ N □	Y □ N □	Y □ N □	Y □ N □	Y □ N □
Signature of Applicant						
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:

Medical Officer/ DCNE name:		Provider Number			Date:
Business Address:		Phone number:	(W)	(M)	(F)

The National Diabetes Services Scheme (NDSS) is an initiative of the Australian Government administered by Diabetes Australia.

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	_ _ / _ _ / _ _
	_ _ / _ _ / _ _
	Y □ N □
	Y □ N □