

**Section 1: Details of Health Care Provider \***

<b>Name of Clinic or health Service</b> .....	<b>Postal Address</b> .....
<b>Person in Charge/ Contact</b> .....	<b>State</b> ..... <b>Postcode</b> .....
<b>Telephone Number</b> .....	<b>Fax Number</b> ..... <b>Page</b>

**Section 2: Details of Person (s) with Diabetes**

	1	2	3	4	5	6
<b>First Name</b>						
<b>Surname</b>						
<b>Medicare or DVA Number</b>						
<b>D.O.B</b>	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__
<b>Sex M/F</b>						
<b>Country of Birth</b>						
<b>Indigenous Status</b>						
<b>Type of Diabetes</b>						
<b>Date of Diagnosis</b>						
<b>Are insulin or other injections required?</b>						
<b>Date of First injection</b>	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__
<b>Section 4 Research:</b> I agree to receive information on research opportunities.	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
<b>Section 5B:</b> Would you like to receive information from Diabetes Australia?	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
<b>Signature of Applicant</b>						
<b>Office Use only: NDSS Registration number</b>						

<b>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.</b>					<b>Signature:</b>
<b>Medical Officer/ DCNE name:</b>	<b>Provider Number</b>				<b>Date:</b>
<b>Business Address:</b>	<b>Phone number:</b>	(W)	(M)	(F)	

