MERD

NSW Medical Energy Rebate

NSW GOVERNMENT

Medical Declaration

Patient details

This section must be completed by the patient.

Name of patient:	
Address of patient:	
Patient daytime contact number:	

☐ I, the patient, agree for my information to be shared with DCCEEW.

☐ I consent to the release of my medical records relevant to this application to DCCEEW if required as part of its responsibility in administering this rebate. I have read and understood the Energy Rebates Privacy Collection Notice.

Patient signature: Date:

Medical practitioner details

This section must be completed by the patient's regular registered medical practitioner. The patient must have been treated by this practitioner for more than 3 months.

Practitioner name:	
Provider number:	
Name of place where patient was reviewed (hospital/clinic/practice):	
Phone number of place where patient was reviewed (hospital/clinic/practice):	

Medical assessment

To meet the criteria for the NSW Medical Energy Rebate, the patient must have been assessed by a registered medical professional who has been treating them for at least 3 months, where the patient:

- has an inability to self-regulate body temperature
- meets one of the four primary qualifying conditions and one of the three secondary qualifying conditions listed in the table.

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Medical practitioner declaration

I certify that the patient has an inability to self-regulate body temperature. I have been treating the patient for at least 3 months/this patient has been treated by the Royal Flying Doctor Service in remote and regional NSW for at least 3 months, and they meet at least one primary and one secondary qualifying condition as indicated in this table:

Primary qualifying conditions (select at least one)	**Check box**
Autonomic system dysfunction (medical conditions in which the autonomic system has been damaged, such as severe spinal cord injury, stroke, brain injury and neurodegenerative disorders).	☐
Loss of skin integrity or loss of sweating capacity (e.g. significant burns greater than 20% of the body, severe inflammatory skin conditions and some rare forms of disordered sweating).	☐
Objective reduction of physiological functioning at extremes of environmental temperatures (e.g. advanced multiple sclerosis).	☐
Hypersensitivity to extremes of environmental temperature leading to increased pain or other discomfort or an increased risk of complications (e.g. complex regional pain syndrome and advanced peripheral vascular disease).	☐
Secondary qualifying conditions (select at least one)	**Check box**
Severe immobility, such as occurs with quadriplegia or high-level paraplegia, particularly above mid-thoracic level (T7) resulting in problems with self-regulation of body temperature due to loss of sympathetic nervous system control.	☐
Demonstrated significant loss of autonomic regulation of sweating, heart rate or blood pressure.	☐
Demonstrated loss of physiological function or significant aggravation of clinical condition at extremes of environmental temperature.	☐

☐ I, the medical practitioner, declare that all information, including the patient's address on page 1, provided in this application is, to the best of my knowledge, true and correct.

☐ I, the medical practitioner, consent to the energy retailer contacting me to confirm the accuracy of the personal and health information provided in this form.

Signature of medical practitioner: Date:

Reset

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