



NSW Medical Energy Rebate

ATTACHMENT A Medical Declaration

PATIENT DETAILS

Name of Patient:

Contact Phone:

I consent to the release of my medical records relevant to this application to the Department of Planning and Environment if required as part of its responsibility in administering this Rebate.

Signature of Patient: Date:

MEDICAL PRACTITIONER DETAILS

This section must be completed by a medical practitioner (GP/Specialist) who has been treating the patient for at least three months or a medical practitioner (GP/Specialist) treating the patient who has been under the care of the Royal Flying Doctor Service for remote and regional areas for at least three months.

Practitioner First Name:

Practitioner Last Name:

Provider Number:

Phone Number of the Place where the Patient was Reviewed:
(Hospital/clinic/practice)

Name of Patient:

Address of Patient:



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For the purpose of this rebate, an eligible customer has an inability to self-regulate body temperature where the eligible customer (or someone living at the supply address of the eligible customer) has been assessed by a registered treating medical practitioner (who is not the applicant) who has been treating them for at least three months as meeting one of the following four primary qualifying conditions and one of the three secondary qualifying conditions.

MEDICAL PRACTITIONER DECLARATION

I certify that the patient has an inability to self-regulate body temperature. I have been treating the above patient for at least three months/this patient has been treated by the Royal Flying Doctor Service in remote and regional NSW for at least three months and they meet at least one primary and one secondary qualifying condition (tick the relevant boxes below):

Primary Qualifying Conditions (tick at least one condition)	Please tick
a) Autonomic system dysfunction (Medical conditions in which the autonomic system has been damaged (e.g. severe spinal cord injury, stroke, brain injury and neurodegenerative disorders).	<input type="checkbox"/>
b) Loss of skin integrity or loss of sweating capacity (e.g. significant burns greater than 20%, severe inflammatory skin conditions and some rare forms of disordered sweating).	<input type="checkbox"/>
c) Objective reduction of physiological functioning at extremes of environmental temperatures (e.g. Advanced multiple sclerosis).	<input type="checkbox"/>
d) 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).	<input type="checkbox"/>
Secondary Qualifying criteria (tick at least one condition)	Please tick
e) Severe immobility (e.g. 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).	<input type="checkbox"/>
f) Demonstrated significant loss of autonomic regulation of sweating, heart rate or blood pressure.	<input type="checkbox"/>
g) Demonstrated loss of physiological function or significant aggravation of clinical condition at extremes of environmental temperature.	<input type="checkbox"/>

PRIVACY STATEMENT

I note that the Department of Planning and Environment as part of its responsibility for the administration of this Rebate, may request the release of medical records in support of this application. Medical records pertaining to this application will be maintained for future regular audit of the rebate recipients and the program to be conducted by the Department.

Signature of Medical Practitioner:Date: