

Person with diabetes

The questions in this section are about the person with diabetes. Follow all instructions.

1 Title Given name(s)

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2 Family name

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3 Do you have a current Medicare card (preferred) or DVA file number?

Yes ▶ fill in details and go to 8

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No ▶ Go to 4

4 Are you a resident of Belgium, Italy, New Zealand, Slovenia, Sweden, the Netherlands or the United Kingdom?

Yes ▶ Go to 7 No ▶ Go to 5

5 Are you a resident of Finland, Malta, Norway or the Republic of Ireland?

Yes ▶ Go to 6 No You are not eligible for the NDSS

6 Are you in Australia on a student visa?

Yes You are not eligible for the NDSS No ▶ Go to 7

7 Please fill in details

Passport number

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Country of issue

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Visa expiry

Day / Month / Year

8 Email (preferred method of contact)

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9 Previous Name (optional)

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10 Sex

Male Female Intersex

11 Date of birth

Day / Month / Year

If the person named in Q1 and Q2 is under 15 years old, the "Carer or guardian" section must also be completed.

12 Do you hold a valid concession card?

Yes ▶ Fill in details No ▶ Go to 13

Type of Concession

Health Care Card Pensioner Concession Card
 Veteran Gold Card Veteran White Card

Concession Card Number

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Expiry

Day / Month / Year

13 Daytime phone number (mobile preferred)

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14 Alternative phone number

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15 Address

Suburb	State	Postcode

16 In which country were you born?

Australia Other (please list)

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17 Are you of Aboriginal or Torres Strait Islander origin? (tick all boxes that apply)

No Yes, Aboriginal Yes, Torres Strait Islander

18 Which language do you most often speak at home?

English Other (please list)

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19 When were you first diagnosed? (or approximate date)

Day / Month / Year

20 Were you living in Australia?

Yes ▶ Go to 21 No (please list) ▶ Go to 22

Country

21 Where in Australia were you living?

Suburb	
State	Postcode

22 By signing here, I am confirming that:

- I require NDSS products and/or services for the management of my diabetes; and
- the information I have provided on this form is true and complete; and
- I agree to the collection, use and disclosure of my information for the purposes set out in this form; and
- I understand giving false or misleading information is a serious offence.

Signature	Day / Month / Year
	

Lodging methods:

Email: info@ndss.com.au

Fax: 1300 536 953

Post: GPO Box 9824 in your capital city

Carer or guardian

This section must be completed by a primary carer or guardian if the person named in Q1 and Q2 is:

- aged 15 years or under; or
- aged 16 years or older and requires a primary carer or guardian.

23 Title Given name(s)

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24 Family name

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25 Date of birth

Day	Month	Year
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26 Address

Suburb	State	Postcode

27 Daytime phone number (mobile preferred)

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28 Email (preferred method of contact)

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29 Relationship to person named in Q1 and Q2

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30 By signing here, I am confirming that:

- I am a primary carer or guardian for the person named in Q1 and Q2; and
- the person named in Q1 and Q2 requires NDSS products and/or services for the management of their diabetes; and
- the information both the person named in Q1 and I have provided on this form is true and complete; and
- both the person named in Q1 and I agree to the collection, use and disclosure of the provided information for the purposes set out in this form; and
- where I am providing personal information about the person named in Q1 and Q2, I will advise that person of the privacy information contained in this form; and
- I understand giving false or misleading information is a serious offence.

Signature	Day	Month	Year
	/	/	/

Certifier

This section can *only* be completed by an authorised health professional with a current Medicare provider number or a credentialed diabetes educator (CDE) with a current Australian Diabetes Educators Association (ADEA) CDE number or a practice nurse with a current Australian Health Practitioner Regulation Agency (AHPRA) registration number.

31 Which of these are you?

- CDE Nurse practitioner
 Endocrinologist/Diabetologist Practice nurse
 GP
 Other registered medical practitioner who specialises in diabetes (please specify below)

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32 Diabetes diagnosis

- Type 1 ▶ Go to 39 Type 2 ▶ Go to 37
 Gestational (GDM) ▶ Go to 33
 Other (list condition) ▶ Go to 39

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33 When was GDM diagnosed?

Day	Month	Year
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34 Baby's expected date of birth

Day	Month	Year
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35 Has the woman's biological parents, sisters, brothers or children been diagnosed with diabetes?

- Yes No Do not know

36 Details of woman's regular GP

When registering for the National Gestational Diabetes Register, both the registrant and their GP will receive regular reminders to check for diabetes.

Name of GP practice		
GP name		
Email		
Address line 1		
Address line 2		
Suburb	State	Postcode
Phone		

37 How is the diabetes managed?

- Diet Exercise Tablets

38 Is an approved non-insulin injectable required?

- Yes ▶ Fill in details No ▶ Go to 39

- Victoza® Byetta® ▶ Date of first use:

Day	Month	Year
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39 Is insulin required?

- Yes ▶ Fill in details No ▶ Go to 40

- Injection Insulin pump ▶ Date of first use:

Day	Month	Year
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You will also need to fill out an Insulin Pump Consumable Access Form

40 Certifier details

Your full name		
Medicare provider, CDE or AHPRA number		
Email		
Clinic/Hospital		
Address line 1		
Address line 2		
Suburb	State	Postcode
Phone number		

41 By signing here, I am certifying that, for the person named in Q1 and Q2, I have either:

- performed the diagnosis of diabetes,
OR
 sighted the documentation relating to the diagnosis of diabetes as a CDE or practice nurse.

Signature	Day	Month	Year
	/	/	/