

PLEASE COMPLETE BOTH SIDES OF THIS FORM

Person with type 1 diabetes

1 Given name(s)

2 Family name

3 Date of birth

 Day / Month / Year

If the person with diabetes is under 15 years old, the "Guardian or carer" section must also be completed.

4 Medicare card (preferred) or DVA file number

5 NDSS card number

6 Email (we will usually contact you via email)

If you would prefer that we contact you via post, please tick here

7 Mobile number

8 Address where you live

 Suburb State Postcode

9 By signing here, you are confirming that any continuous glucose monitoring products supplied to you through the NDSS are for you (the person with diabetes named on this form) only, the information you have provided on this form is true and complete, and you agree to the collection, use and disclosure of your information for the purposes set out in this form and the NDSS Registration Form.

 Signature Day / Month / Year


Guardian or carer

If the person with diabetes is under 15 years old, or is an adult receiving ongoing care, this section must be completed by a primary guardian or carer.

10 Given name(s)

11 Family name

12 Email (we will usually contact you via email)

If you would prefer that we contact you via post, please tick here

13 Mobile number

14 Address where you live

 Suburb State Postcode

15 By signing here, you are confirming that:

- you are a primary guardian or carer for the person named in Q1 and Q2;
- any continuous glucose monitoring products supplied to you through the NDSS are for use by the person with diabetes named on this form only;
- the information you and the person with diabetes have provided on this form is true and complete; and
- both you and the person with diabetes agree to the collection, use and disclosure of the provided information for the purposes set out in this form and the NDSS Registration Form, and where you are providing personal information about someone other than yourself, you will advise the other person of the privacy information contained in this form.

 Signature Day / Month / Year


Reason for completing this form

Changing CGM device

- Sections A and B of this form must be completed by an authorised health professional

Terminating access to CGM through the NDSS

- If this form is to be completed by an authorised health professional, please ensure sections A and C are completed; or

- If this form is to be completed by the person with diabetes or their carer, please ensure section C is completed.

PLEASE
COMPLETE FORM
OVER PAGE

PLEASE COMPLETE BOTH SIDES OF THIS FORM

A) Certifier details

Only to be completed by an authorised health professional who specialises in diabetes, as listed below.

16 Which are you?

- Endocrinologist
- CDE
- Other registered health professional who specialises in diabetes, please tick:
 - physician
 - nurse practitioner
 - paediatrician
- None of the above You cannot certify this form

17 Your full contact details

Your name	
Medicare provider/CDE number	
Address line 1	
Address line 2	
Suburb	
State	Diabetes and Endocrinology Department
Postcode	Perth Children's Hospital
Phone number	15 Hospital Avenue
Fax number	Nedlands, WA, 6009

Lodging this form

This form must be certified by an authorised health professional. Once certified, send as follows:

Post: GPO Box 9824 in your capital city
Fax: 1300 536 953
Email: ndss@diabetesaustralia.com.au

Need help with this form?

Call: 1300 136 588 | **Visit:** ndss.com.au
TTY: 133 677 | **Speak and Listen:** 1300 555 727
Translation: 131 450
Internet Relay: internet-relay.nrscall.gov.au

B) Change of CGM device

18 Which CGM device is the person changing to? (Please tick)

- Dexcom G4 Platinum
- Dexcom G5 Mobile
- Medtronic Guardian Connect
- Medtronic MiniLink
- Medtronic Guardian 2 Link

19 Contact details for the health professional setting up the CGM. A starter kit will be sent to the health professional listed at Q19.

Health professional name	PMH.diabetesCGM@health.wa.gov.au		
Email	Attention: Caroline Newman		
Clinic/Hospital name	Diabetes and Endocrinology Department		
Address line 1	Level 2, Office 2D, Information Bay		
Address line 2	Perth Children's Hospital		
Suburb	Nedlands	State	WA
Postcode	6009		
Phone number			

20 By signing here, you are certifying that you have assessed and certified that the person named in Q1 and Q2 is changing CGM device.

Signature	Day	/	Month	/	Year
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C) Termination of access to CGM

21 Select the reason for termination of access to CGM products (tick)

- Person with diabetes no longer wishes to use CGM
- Person with diabetes or family/carer (if applicable) no longer:
 - has impaired awareness of hypoglycaemia
 - is unable to recognise, or communicate about, symptoms of hypoglycaemia
 - experiences significant fear of hypoglycaemia
- Person with diabetes is not experiencing clinical benefit from CGM
- Person with diabetes is not using the device as originally intended
- Person with diabetes is moving overseas
- Other (please specify):

22 By signing here, you are confirming that you have assessed the person named in Q1 and Q2, and that they no longer have a clinical need for continuous glucose monitoring as indicated by your answers, or that you are the person named in Q1 and Q2, or are authorised to sign on their behalf, and confirm that you no longer require access to continuous glucose monitoring through the NDSS.

Signature	Day	/	Month	/	Year
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Privacy disclosure

Diabetes Australia respects your privacy. You can view our privacy policy, which contains information about how you can access and correct your personal information held by us, at ndss.com.au or you can ask for a copy by calling 1300 136 588.

Your NDSS Registration Form contains details about how we use, and who can access, your personal information. This includes information provided in this form. In addition to the entities identified in the Registration Form, Diabetes Australia may also disclose your personal information provided in this form to NDSS Access Points (pharmacies registered with the NDSS) and also to third parties authorised by the Commonwealth to receive this information. The Commonwealth may also track your usage of the CGM products and your usage may be reported to your treating health professional.

If you choose not to provide us with the information we need, we may not be able to provide you with CGM products through the NDSS.

**Further information on the
CGM initiative is available at
ndss.com.au/cgm
or by calling the NDSS Helpline
on 1300 136 588.**