

# Medical Confirmation Form



To register your life support equipment with LPE you need to:

- Complete sections 1 and 2 and make sure the account holder reads, signs and dates the declaration in section 4.
- Ask your medical practitioner or hospital to complete section 3 and ensure they also sign and date this section.
- Return this form to us within 20 days of the issue date at the top of this form. Return the completed form to [lifesupport@localityenergy.com.au](mailto:lifesupport@localityenergy.com.au) or send it to LPE, PO Box 5737, Maroochydore BC, QLD 4558.
- If you require an extension of time to complete and return this form, please contact us on 1800 040 168 or at [lifesupport@localityenergy.com.au](mailto:lifesupport@localityenergy.com.au).
- This will meet the requirements of providing a medical confirmation form under the Energy Retail Code. If you don't provide us with the information in this form we may deregister your premises as requiring life support.

## 1. Life support patient's details

<b>First name</b>		<b>Surname</b>		<b>Phone</b>	
<b>Unit</b>		<b>Street no.</b>		<b>Street</b>	
				<b>Suburb</b>	
<b>State</b>		<b>Postcode</b>		<b>Date life support required from</b>	

## 2. Life support equipment

The following class of approved equipment is used by a person residing at the above premises. Please tick:

- |   |  |
|---|--|
| <input type="checkbox"/> Oxygen Concentrators                           | <input type="checkbox"/> Chronic Positive Airways Pressure Respirator          |
| <input type="checkbox"/> Enteral Feeding Pumps                          | <input type="checkbox"/> Power Wheelchair (does not include mobility scooters) |
| <input type="checkbox"/> Phototherapy Equipment                         | <input type="checkbox"/> Ventilators   |
| <input type="checkbox"/> Kidney Dialysis Machine                        | <input type="checkbox"/> Other – please specify:                               |
| <input type="checkbox"/> Crigler Najjar Syndrome Phototherapy equipment | _____  |
| <input type="checkbox"/> Intermittent Peritoneal Dialysis Machine       |  |

## 3. Medical practitioner confirmation (Medical practitioner to complete)

<b>I, (Doctor)</b>			
	hereby certify that a person residing at the above address requires the life support equipment indicated above.		
<b>Medical/Provider no.</b>		<b>Phone</b>	
<b>Hospital/Clinic/Practice</b>			
<b>Signature and stamp</b>		<b>Date</b>	

#### 4. Account holder details and declaration (Account holder to complete)

Name

LPE account no.

This account must be for the supply address provided in section 1 to be eligible to register for life support equipment. Your account number can be found on your bill.

By submitting this form you confirm that:

- All information provided on this form is, to the best of your knowledge, true and correct and you have complied with all applicable laws and obtained all necessary consents to provide this.
- The address provided is the primary place of residence for the listed patient.
- You will advise LPE immediately if your circumstances change, and that change may impact the validity of the information in this form; including where life support equipment is no longer required.
- You understand that you will need to complete a new medical confirmation form if you leave your existing address listed above.
- You understand that LPE will need to provide details from this form to the relevant network distributor.
- You understand that LPE cannot guarantee that energy supply at your address will never be interrupted and that unplanned outages may occur without any warning.
- You understand that it's your responsibility to have a pre-arranged action plan ready in the event that your energy supply is interrupted – for both emergency situations and where you are informed (by us or the distributor) in advance of any planned outages that may impact your supply.
- By completing and returning this form to us, you consent and agree to LPE collecting, managing and disclosing the personal information you have provided to us in accordance with the Privacy Act 1988 (Cth) and our Privacy Policy. Our Privacy Policy is available at [localityenergy.com.au/privacy-policy](http://localityenergy.com.au/privacy-policy). Please contact us to request a paper copy.

Signature

Date