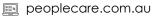
□ Locked Bag 33, Wollongong NSW 2500

② 1800 808 690

finfo@peoplecare.com.au





Declaration of Condition

Please complete this form when applying for benefits for the following:

- 1. Gym equipment (health management program)
- 2. Fitness programs (health management program)
- 3. Medications that can be commonly used as contraceptives
- 4. Health aids

| Member number: | | | |
|---|--|------------|----------------|
| Patient name: | | ••••• | ••••• |
| Outline of medical condition or injury: | | | |
| | | ••••• | ••••• |
| | | ••••• | |
| Estimated date of diagnosis: | / | | |
| Start date of health management plan: | / | | |
| Name of referring practitioner: | | ••••• | |
| Practice name: | | | |
| Practice phone: | | | |
| Recommended treatment by referring practitioner: | | ••••• | |
| | | | |
| | | | |
| Anticipated length of treatment: Note: maximum approval is 12 months | | ••••••• | |
| Statement of declaration | | | |
| I declare that the information I have Peoplecare for auditing purposes. | ve provided is true and correct and I understo | nd that it | may be used by |
| Signature: | | Date: | / |