

## 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:** .....

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**Estimated date of diagnosis:** ...../...../.....

**Start date of health management plan:** ...../...../.....

**Name of referring practitioner:** .....

**Practice name:** .....

**Practice phone:** .....

**Recommended treatment by referring practitioner:** .....

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**Anticipated length of treatment:** .....

Note: maximum approval is 12 months

## Statement of declaration

I declare that the information I have provided is true and correct and I understand that it may be used by Peoplecare for auditing purposes.

**Signature:** .....

**Date:** ...../...../.....