

Life Support

Medical Confirmation Form

To register your property for life support equipment on an ongoing basis, please complete the attached Medical Confirmation form and return it to us via email at contact@flowpower.com.au or post to Ground Floor, 109 Burwood Rd, Hawthorn VIC 3122.

Completion and return of this form to Flow Power will satisfy the requirement to provide medical confirmation under the energy regulations.

Medical Confirmation

Section 1. Patient's Details

[Please mark with an X and fill in as appropriate]

Ms	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Mr	<input type="checkbox"/>		
Other title (please enter preferred title)									
Given names									
Family name									
Residential address									
Suburb/town									
Postcode									

Site Details

National Metering Identifier (NMI):	
Site Address:	
Date life support required:	

Section 2. Life Support Equipment Details

We confirm there is life support equipment being used by a person at this premise.

[Please mark with an X as appropriate]

	Oxygen Concentrator
	Intermittent Peritoneal Dialysis Machine
	Kidney Dialysis Machine
	A Chronic Positive Airways Pressure Respirator
	Crigler Najjar Syndrome Phototherapy Equipment
	A Ventilator For Life Support
Other (please state type/s):	<p>Any equipment that a medical practitioner certifies is required to support life such as:</p> <ul style="list-style-type: none"> • external heat pumps • respirators (iron lung) • suction pumps (respiratory or gastric) • feeding pumps • insulin pumps • airbed vibrator • hot water • nebulizer, humidifiers or vaporizers • apnoea monitors • medically required heating or air conditioning • medically required refrigeration • powered wheelchair

Section 3. Medical Practitioners Details

Medical Practitioner Name:	Medical Practitioner Stamp
Practice Name:	
Position:	

Section 4. Declaration & Authorisation

Medical Practitioner Declaration.

[Medical Practitioner is required to sign below]

<ul style="list-style-type: none"> • All particulars on the form are, to the best of my knowledge and belief, true and accurate. • I certify the above patient requires the use of the selected life support equipment and is eligible to receive life support protections due to the need for constant power to be supplied to the machine. 	
Signature	Date

Account Holder/Patients Declaration & Authorisation.

[Account Holder and/or Patient is required to sign below]

<ul style="list-style-type: none"> • All information provided on the Medical Confirmation are, to the best of my knowledge, true and correct. • The electricity supply address of my electricity account is the primary place of residence for the above patient (if patient is different from the electricity account holder) • I understand that this application is only valid for 2 years and will need to be renewed and validated by a Medical Practitioner after this time. • I understand that Flow Power will need to provide my details to the relevant electricity distributor. • I will notify Flow Power if my circumstances change including the validity of this application. 	
Signature	Date

Privacy Policy

By completing and returning this form to us, you consent and agree to Flow Power collecting, managing and disclosing the personal information you have provided to us in accordance with our Privacy Policy (as amended from time to time). Our Privacy Policy is available at www.flowpower.com.au. Please contact us to request a paper or electronic copy.

The information in the Medical Confirmation Form is collected by Flow Power and your electricity distributor for administering your electricity life support registration at the property indicated on this Form. Without this information, we are unable to provide protections under the energy regulations on an ongoing basis.