

CHRONIC CARE AUSTRALIA

COMMUNITY PROGRAMS

APPLICATIONS CLOSE SUNDAY 28 APRIL 2024

The information obtained will be treated as confidential and will not be released or revealed to any person without your written consent. The information obtained may be used for statistical or scientific purpose with your right of privacy retained. Applicants can nominate themselves or be nominated by their organisation, GP, specialists or another external agent.

PERSONAL INFORMATION

Name: _____

Age: _____ DOB: ____ / ____ / _____

Address: _____

Contact Number: _____

Email: _____

Occupation: _____

GENERAL PRACTITIONER DETAILS

GP Name: _____

GP Practice: _____

CURRENT SPECIALISTS DETAILS

Type: _____ Name: _____

Clinic/Office Rooms: _____

MEDICAL CONDITIONS

What is your primary diagnosed medical condition?

What is your secondary medical condition?



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What is your tertiary medical condition?

What are your side effects/symptoms from your medical condition?

What stage are you currently in for your treatment plan?

Newly diagnosed

Currently in treatment plan

Ongoing treatment

Post-treatment management

APPLICATION SUBMISSION

The above represents and warrants to Elite Health Management PTY LTD (trading as Chronic Care Australia) that I have disclosed all details or any medical conditions I have and of all recent medical treatment received by me.

Applicants Name: _____

Organisation Name (if applicable): _____

Sign: _____

Date: _____ / _____ / _____

Witness Name: _____

Sign: _____

Date: _____ / _____ / _____

Please submit your completed application via email or by mail to the below details.

Email: admin@chroniccare.com.au

Mail: Chronic Care Australia, Cottesloe Medical Centre, 525 Stirling Hwy Cottesloe WA 6011



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