



National Epidermolysis Bullosa Dressing Scheme Review Form

SECTION I - Health Review **National Epidermolysis Bullosa Dressing Scheme**

Purpose: To maintain a Patient's eligibility to the Scheme, regular reviews are required with their healthcare professionals. To confirm this has taken place and to make any changes to dressing needs, a Review Form must be completed by the healthcare professional and forwarded to BrightSky Australia prior to the next scheduled delivery.

This Health Report should only be used when reviewing a patient currently on the National EB Dressing Scheme. For more information, contact the NEBDS Helpline on 1300 290 400 or go to www.ebdressings.com.au

H1 Name of applicant

Family name

Given names

H2 Applicant's date of birth (dd/mm/yyyy)

 / /

H3 Name of Health Professional (first & last name)

Title Dr Mr Assoc/Prof Prof

H4 Your contact details (physician label, stamp accepted)

Provider number

Phone number ()

Mobile phone number

Fax number ()

Email

@

Insert physician label here (if applicable).

H5 Address for correspondence

Suburb

State

Postcode

H6 Has the patient been hospitalised since the last review?

Yes **Go to H7** No **Go to H8**

H7 Please indicate the number of continuous days for each hospital stay. Attach additional page if required.

H8 Please comment on the Patient's condition, noting any changes or infections.

H9 The Applicant's next review date is

- 3 months
- 6 months
- 9 months
- 12 months from application acceptance
- 12 monthly from birth date

* All patients must have a nominated review date (which must be attended), or risk being removed from the Scheme.

HEALTH PROFESSIONAL DECLARATION

I declare that the information provided in the Health Report is correct.

Signature of Health Professional

Date / /

Please continue to Section 2 on page 2.

