

## Medical Statement

The patient indicated below requires a medical statement. You are asked to complete this form in relation to their health condition/s.

Please complete Part A and **either** Part B or Part C, depending on the patient's circumstances.

Once completed, please return this form to your patient.

### Patient details

Patient's full name

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Patient's date of birth

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### PART A: Medical professional details

Title

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Full name

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Medical profession (e.g. Doctor,  
Palliative Care Nurse, Psychologist,  
psychiatrist)

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Registration number

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Phone number

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Email address

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Postal address

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Your signature

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Today's date (dd/mm/yyyy)

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## PART B: Statement by medical professional

I am a doctor or other medical professional providing treatment to the patient whose details are listed above. I understand that I do not need to provide details of their condition or treatment, only that in my professional opinion, they meet the definition below. In my professional opinion the patient is either:

- Terminally ill
- Critically ill, in that they have an illness that is:
  - i. a life-threatening illness, and
  - ii. likely to materially impact their condition within 12 months from today's date.
- Acutely mentally ill, in that they have a mental illness that is causing severe and acute psychological distress with the risk of serious harm to the patient or to others.

## PART C: Statement by medical professional

I am a doctor or other medical professional providing treatment to the patient whose details are listed above. In my professional opinion the patient [*tick all that apply*]:

- Requires surgery for mobility issues or a chronic health condition; and/or
- Requires other elective surgery; and/or
- Has one or more chronic conditions not requiring surgery; and/or
- Has a diagnosed mental illness; and/or
- Has experienced an injury or other debilitating event that has materially impacted on the patient's physical or psychological wellbeing as detailed below.

**Further details** – Please provide more detail about the patient's condition, including the likely impact of their situation or condition within 12 months.