



# Life Support Medical Confirmation Form

FOR OFFICIAL USE ONLY: ID#

This form tells your energy retailer there is life support equipment at your home.

**If anyone in your home uses life support equipment, you can be on the life support register.**

Life support equipment is any energy-powered equipment a registered medical practitioner certifies is required to help manage a health condition.

## Access a language interpreter

If you need an interpreter, please call TIS National on **131 450** and ask them to call your energy retailer by phone during business hours. Visit: [www.tisnational.gov.au](http://www.tisnational.gov.au)



## How to complete this form

1. Read the information on this page.
2. Book an appointment with your medical doctor or specialist and ask them to fill in and sign the 'Medical Practitioner Declaration' in this form.

3. Submit the completed form to your energy retailer at:

Due by:

## Please note

- If your energy retailer did not send you this form, please contact them before filling it in. They can register your home, so you will be registered and receive protections while you complete this form.
- You need to submit this form by the due by date, otherwise you may be removed from the life support register and not get life support protections.
- If you need more time to fill out this form, please contact your energy retailer.
- You can reuse a readable Life Support Medical Confirmation Form with a new energy retailer if it is less than 4 years old. If you have changed energy retailers in the past 110 days (about 5 months), ask your old energy retailer for your form.

## Your rights and obligations as a life support customer

### Your rights:

- you will be given at least 4 business days' notice before a planned interruption to your energy supply
- you can call your energy distributor (who owns and maintains energy infrastructure) and retailer's 24-hour phone lines in case of emergency
- your energy retailer must offer you payment support if you can't pay your energy bill. Contact them to discuss. You won't be disconnected.

### Your obligations:

- tell your current energy retailer if you move address and still need your life support equipment
- let a new energy retailer know that you have life support equipment at home if you change retailers
- tell your energy retailers if you no longer need life support equipment.

## You need a life support backup plan



Filling in this form and being registered for life support does **not** guarantee an uninterrupted energy supply. You need a backup plan in case your energy supply stops for any reason.

Please visit [lifesupport.poweroutageplan.com.au](http://lifesupport.poweroutageplan.com.au) to find out more about making your backup plan.

## Privacy

Your energy retailer will use this form to confirm that there is life support equipment in your home. This may include personal and health information on this form. Your energy retailer will handle this information under privacy laws and its privacy policy and may share this form with the energy distributor or emergency agencies, where allowed. Contact your energy retailer or read its privacy policy for more information.

# Medical Practitioner Declaration

This section must be completed by a **registered medical practitioner**. This could be a medical doctor (General Practitioner) or specialist. This form **cannot** be filled out by pharmacists, nurses or allied health professionals (e.g. physiotherapists, speech therapists).

**All fields must be completed for this form to be valid.**

I am a registered medical practitioner and can confirm that \_\_\_\_\_  
(name of patient)

of \_\_\_\_\_  
(address of patient)

is a patient of mine and needs the following life support equipment at their home.

## Equipment required

Please specify the type of life support equipment the patient uses at their home.

| Type of equipment required (tick all that apply):                                   |                                                                                                             |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Oxygen concentrator                                        | <input type="checkbox"/> Insulin pump                                                                       |
| <input type="checkbox"/> Intermittent peritoneal dialysis machine                   | <input type="checkbox"/> Airbed vibrator                                                                    |
| <input type="checkbox"/> Kidney dialysis machine                                    | <input type="checkbox"/> Hot water                                                                          |
| <input type="checkbox"/> Chronic positive airways pressure (CPAP) respirator        | <input type="checkbox"/> Suction pump (respiratory or gastric)                                              |
| <input type="checkbox"/> Crigler-Najjar syndrome phototherapy equipment             | <input type="checkbox"/> Apnoea monitor                                                                     |
| <input type="checkbox"/> Ventilator for life support                                | <input type="checkbox"/> Nebuliser, humidifier or vaporiser                                                 |
| <input type="checkbox"/> External heart pump                                        | <input type="checkbox"/> Medically required refrigeration                                                   |
| <input type="checkbox"/> Respirator (iron lung)                                     | <input type="checkbox"/> Powered wheelchair                                                                 |
| <input type="checkbox"/> Medically required heating and/or air conditioning         | <input type="checkbox"/> Other life support equipment that requires electricity and/or gas (please specify) |
| <input type="checkbox"/> Feeding pump (kangaroo pump or total parenteral nutrition) |                                                                                                             |

## Energy type

Which energy type does the patient's life support equipment need? Tick one or both boxes below.

☐ Electricity ☐ Gas

## Prioritising support during prolonged energy interruptions

All patients who use any of the equipment listed above are eligible to be on the life support register.

Your response to this question will not prevent your patient's home from being registered for life support.

Answers to this question will only be used to help prioritise support during prolonged energy interruptions.

**Does the patient have a life-threatening condition that requires any of the above equipment?**

A patient with a life-threatening condition would be at a high likelihood of death or permanent injury if their life support equipment lost energy supply during a prolonged interruption (more than 24 hours).

☐ Yes, my patient has a life-threatening condition (continue with form) ☐ No (continue with form)

# Medical Practitioner Declaration *(continued)*

## Life support backup plan



Your patient should know that filling in this form and being registered for life support does **not** guarantee an uninterrupted energy supply.

Your patient needs a backup plan in case their energy supply stops for any reason.

Your patient can visit [lifesupport.poweroutageplan.com.au](https://lifesupport.poweroutageplan.com.au) to find out more about making a backup plan.

## Declaration

Medical practitioner signature \_\_\_\_\_  
(electronic signatures accepted)

Medical practitioner full name \_\_\_\_\_

Medical practitioner address \_\_\_\_\_

Registration number \_\_\_\_\_

Date \_\_\_\_\_

### Interpreter help in other languages



If you need an interpreter, please call TIS National on 131 450.

|                       |                                                                                                                   |
|-----------------------|-------------------------------------------------------------------------------------------------------------------|
| Arabic                | إذا كنت بحاجة إلى مترجم، يرجى الاتصال بخدمة TIS National على الرقم 131 450                                        |
| Burmese               | သင်သည် စကားပြန်လိုအပ်ပါက TIS National ဖုန်းနံပါတ် 131 450 သို့ ဆက်သွယ်ပါ။                                         |
| Chinese (Simplified)  | 如果您需要口译员，请拨打 TIS National 的电话 131 450。                                                                            |
| Chinese (Traditional) | 若您需要口譯員，請撥打 TIS National 電話 131 450。                                                                              |
| Nepali                | यदि तपाईंलाई दोभाषेको आवश्यकता परेमा, कृपया TIS National को 131 450 मा फोन गर्नुहोस्।                             |
| Vietnamese            | Nếu quý vị cần thông dịch viên, xin hãy gọi cho Dịch vụ Thông Phiên dịch Quốc gia (TIS National) theo số 131 450. |

This form was prepared by the Essential Services Commission and the Australian Energy Regulator