

## Type 1 Diabetes; Pregnancy Planning, Extension of Access

**PLEASE COMPLETE BOTH SIDES OF THIS FORM**

This form allows an eligible person who is already registered with the NDSS to apply to extend their access to continuous glucose monitoring (CGM) products through the Scheme.

### Person with diabetes

**1 Title**      **Given name(s)**

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**2 Family name**

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**3 Date of birth**

Day	Month	Year
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**4 Medicare card (preferred) or DVA file number**

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**5 NDSS card number**

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**6 Are you an Aboriginal or Torres Strait Islander Australian?** (tick all boxes that apply)

- ☐ No                      ☐ Yes, Aboriginal Australian  
☐ Yes, Torres Strait Islander

**7 Do you hold a valid concession card?**

- ☐ Yes ▶ fill in details    ☐ No ▶ **Go to 8**

**Type of Concession** (tick boxes)

- ☐ Health Care Card    ☐ Pensioner Concession Card  
☐ Veteran Gold Card    ☐ Veteran White Card  
(with diabetes as an accepted condition)

**Concession Card or DVA File Number**

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**Expiry Date**

Day	Month	Year
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**8 Email** (preferred method of contact)

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**9 Mobile number**

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**10 Address**

Suburb                      State                      Postcode

### Carer/Guardian

This section must be completed by a primary carer or guardian if the person named in Q1 and Q2 is:

- aged 15 years or under; or
- aged 16 years or older and requires a primary carer or guardian

**11 Title**      **Given name(s)**

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**12 Family name**

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**13 Date of birth**

Day	Month	Year
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**14 Email** (preferred method of contact)

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**15 Mobile number**

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**16 Address**

Suburb                      State                      Postcode

**17 Relationship to person named in Q1 and Q2**

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## Primary Certifier

This section must be certified by an authorised health professional whose usual scope of practice includes the ongoing management and care of people with type 1 diabetes.

### 18 Which of these are you?

- Endocrinologist/Diabetologist
- Credentialed Diabetes Educator
- Nurse Practitioner

☐

☐

☐

### 19 Date the person named in Q1 and Q2 was referred to or consulted a fertility specialist:

Day / Month / Year

### 20 Certifier details

Your Name

Medicare provider, CDE or AHPRA number

Email

Clinic/Hospital

Address line 1

Address line 2

SuburbStatePostcode

Phone number

### 21 By signing here, I am certifying that:

- I have assessed the person named in Q1 and Q2 and they have met all relevant eligibility criteria and confirm:
  - the person named in Q1 and Q2 is actively continuing to plan pregnancy; and
  - the person named in Q1 and Q2 is expected to benefit clinically from the use of CGM; and
  - the person named in Q1 and Q2 or their family/carer has the willingness and capability to use CGM; and
  - the person named in Q1 and Q2 or their family/carer has the commitment to actively participate in a diabetes management plan which incorporates CGM; and
- Where a carer is providing personal information about the person named in Q1 and Q2, they will advise the person of the privacy information contained in this form; and
- The person named in Q1 and Q2 has agreed to the collection, use and disclosure of their information for the purposes set out in this form and the NDSS Registration Form; and
- The person named in Q1 and Q2 is aware that any CGM products supplied to them by the NDSS are for their use only; and
- The information provided on this form is true and complete; and
- I understand giving false and misleading information is a serious offence.

SignatureDay / Month / Year



## Secondary Certifier Fertility Specialist

This section must be certified by an authorised health professional whose usual scope of practice includes fertility management.

### 22 Which of these are you?

- Obstetrician
- Gynaecologist

☐

☐

### 23 Certifier details

Your Name

Medicare provider, CDE or AHPRA number

Email

Clinic/Hospital

Address line 1

Address line 2

SuburbStatePostcode

Phone number

### 24 By signing here, I am certifying that:

- I have assessed the person named in Q1 & Q2 and confirm that they have met all relevant eligibility criteria, as indicated by my answers; and
- I understand giving false and misleading information is a serious offence.

SignatureDay / Month / Year



## Privacy disclosure

Diabetes Australia respects your privacy and personal information. You can view the NDSS Privacy Policy, which contains information about how you can access and correct your personal information held by us at **ndss.com.au** or you can ask for a copy by calling the NDSS Helpline on **1800 637 700**.

The NDSS Registration Form contains details about how we use, and who can access, your personal information. This includes information provided in this form.

In addition to the entities identified in the NDSS Registration Form, Diabetes Australia may disclose your personal information provided in this form to NDSS Access Points and also to third parties as authorised by the Commonwealth as represented by the Department of Health (Commonwealth).

The Commonwealth may also track your usage of CGM products and your usage may be reported to your treating health professional.

If you choose not to provide us with the information we need, we may not be able to provide you with CGM products through the NDSS.

### Lodging this form

#### Lodging this form

Must be certified by your authorised health professional.

**Email:** [info@ndss.com.au](mailto:info@ndss.com.au)

**Fax:** 1300 536 953

**Post:** GPO Box 9824 in your capital city

### Need help with this form?

**Call:** 1800 637 700 or **Visit:** [ndss.com.au](http://ndss.com.au)

**TTY:** 133 677      **Speak and Listen:** 1300 555 727

**Translation:** 131 450

**Further information is available at  
[ndss.com.au](http://ndss.com.au)  
or by calling the NDSS Helpline on  
1800 637 700**

## Updating your personal details

To help you manage your diabetes and to receive timely news and information from the NDSS on products and services, it is important that we have an up-to-date record of your personal details.

To update your details call the NDSS Helpline on **1800 637 700**, or complete the Personal Details Update Form at **ndss.com.au**, or visit your preferred NDSS Access Point (usually a community pharmacy). In some instances you may need to supply supporting documentation for example change of name, change of medication/script. Below is a list of details you may need to update:

- Address
- Email
- Phone/mobile number
- Concessional status
- Change of name
- Change of medication

## Accessing CGM products

Access to CGM products will begin once a completed form is processed by the NDSS. You will receive information confirming the start date and other details.

To access fully-subsidised CGM products, eligible registrants can visit their preferred NDSS Access Point (usually a community pharmacy) and order their approved supplies.

## Accessing a FreeStyle Libre Reader

If you do not have a compatible mobile device and require a FreeStyle Libre reader free of charge, please contact the manufacturer Abbott at:

**ScanMySensor.com.au** or on **1800 801 478**

## Limits

All people accessing CGM products and their health professionals should understand the lifespan of the fully-subsidised CGM products available through the NDSS.

CGM products have annual limits which have been developed from the manufacturers recommended usage guide.

Access to CGM products is calculated on the number of items accessed in the last 12 months from the present date.

This determines when you will again be able to order more subsidised supplies. It is recommended you only order one month, supply of sensors per order, due to their limited shelf life.

It is recommended to re-order sensors around 14 days prior to running out to ensure uninterrupted access to products.

## Troubleshooting CGM

If you are having trouble using your device or you believe that it may be faulty, in the first instance you should contact;

AMSL for Dexcom products (**1300 851 056**);

Medtronic for Medtronic products (**1800 777 808**); or

Abbott for Freestyle Libre products (**1800 801 478**).

Contacting the supplier rather than ordering additional supplies may mean you are able to receive a replacement product from AMSL, Medtronic or Abbott, without affecting your CGM product limits.

## More information

To find out more or if you have any questions about access to CGM through the NDSS you can visit **ndss.com.au** or call the NDSS Helpline on **1800 637 700** or email [info@ndss.com.au](mailto:info@ndss.com.au)

If you or your health professional decide to change a CGM device, or end access to CGM through the NDSS, please complete the Updating or Ceasing Access Form at: **ndss.com.au/forms**