

Continuous and Flash Glucose Monitoring Eligibility Assessment

Addendum for home delivery of CGM Starter Kits

This form allows a Health Professional to apply to have a CGM Starter kit sent directly to an NDSS registrant's residential address. The National Diabetes Services Scheme is an initiative of the Australian Government administered with the assistance of Diabetes Australia.

PLEASE COMPLETE FORM

In response to COVID-19 the Australian Government has introduced this form as a temporary change to the Continuous Glucose Monitoring (CGM) Initiative. This form can be used to enable a CGM starter kit to be sent directly to the residential address of the person with diabetes or their carer/guardian. Note that a CGM/Flash GM Access Form must have been completed prior to this.

Starter kits will only be sent directly to the person with diabetes if CGM initiation is to be provided by telehealth.

Starter kits will be sent to the address provided by the person with diabetes on the CGM/Flash GM Access Form and a signature upon delivery is required.

Starter kits will not be left at the address provided if no one is home.

Once the person with diabetes has received the starter kit, the health professional must conduct a telehealth consultation to provide education and support for the set up and ongoing use of the device.

Person with type 1 diabetes or 'other' eligible condition

<p>1 Given name(s)</p> <input style="width: 100%; height: 20px;" type="text"/>	<p>2 Family name</p> <input style="width: 100%; height: 20px;" type="text"/>																									
<p>3 Date of birth</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;">Day</td> <td style="width: 25%; text-align: center;">/</td> <td style="width: 25%; text-align: center;">Month</td> <td style="width: 25%; text-align: center;">/</td> <td style="width: 25%; text-align: center;">Year</td> </tr> </table>	Day	/	Month	/	Year	<p>4 NDSS card number</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>																				
Day	/	Month	/	Year																						

Certifier

<p>5 Given name(s)</p> <input style="width: 100%; height: 20px;" type="text"/>	<p>6 Family name</p> <input style="width: 100%; height: 20px;" type="text"/>																				
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<p>9 Email</p> <input style="width: 100%; height: 20px;" type="text"/>																					

10 By signing here, I am confirming that:

- I have completed a CGM/Flash GM Access Form for the person named in Q1 and Q2; and
- I have advised the person named in Q1 and Q2 that their personal information including name, address and phone number will be provided to the supplier to enable the delivery of the CGM starter kit; and
- I have discussed with the person named in Q1 and Q2 the need for suitable internet access to upload and download data and how to conduct the follow up telehealth consultation to initiate optimal use of the CGM device; and
- I have advised the person named in Q1 and Q2 not to use the device before the telehealth consultation; and
- I have informed the person named in Q1 and Q2 that their CGM starter kit requires proof of delivery and will not be left at their place of residence if no one is home.

<p style="text-align: center;">Signature</p> <div style="display: flex; align-items: center;"> </div>	<p style="text-align: center;">Day Month Year</p> <div style="display: flex; align-items: center; justify-content: center;"> / / </div>
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Lodging this form

This form must be certified by the authorising health professional who completed the CGM/Flash GM Access Form is sent to Diabetes Australia along with the CGM/Flash GM Access Form.

Once certified, email to: info@ndss.com.au

If you are unable to email this form, please **Post:** GPO Box 9824 in your capital city **Fax:** 1300 536 953