IMPORTANT

Australian Government
Department of Veterans' Affairs

Acute Care Certificate

Section 1 – Particulars of Patient and Hospital (To be completed by Hospital, Doctor or Patient)

Patient's Surname _____ Christian or Given Names _____

Address _____ Postcode _____

Date of birth ___/___/___ DVA File Number _____

Name of Hospital _____

Date of admission ___/___/___ Being the date from which the patient has been continuously a patient in this or any other hospital(s), without a break of more than seven days.

Section 2 – Patient authorisation (To be completed by Patient, Parent or Guardian)

I, _____ authorise Doctor _____

to release all information relevant to the condition(s) described in Section 3 below.

Signature _____ Relationship _____ Date ___/___/___

Section 3 – Patient authorisation (To be completed by Doctor)

Use (A) for prospective Certification *OR* (B) for Retrospective Certification
(a separate certificate is required for each 30 day period)

I, _____ Telephone No. (___) _____

of _____ certify that the above patient:

(A) is, or will be, in need of Acute Care for at least the period commencing ___/___/___ (no later than 14 days after signing Certificate) and ending ___/___/___ (no later than 30 days from commencement); OR

(B) has been, or has been and remains, in need of Acute Care for at least the period commencing ___/___/___ (date prior to signing Certificate) and ending ___/___/___ (no later than 30 days from commencement).

Please state (1) The condition(s) requiring Acute Care:

(2) Details of Hospital Treatment required and provided (e.g. medication or treatment not available in a nursing home, nature and frequency of rehabilitation treatment received, date and nature of surgery or acute medical episodes or complications, prognosis and opinion of probable duration of continuing need for Acute care):

Signature _____ Date ___/___/___

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