



# National Epidermolysis Bullosa Dressing Scheme Review Form

## SECTION 1 - Health Review National Epidermolysis Bullosa Dressing Scheme

Purpose: To maintain a Patient's eligibility to the Scheme, regular reviews are required with their healthcare professionals. To confirm this has taken place and to make any changes to dressing needs, a Review Form must be completed by the healthcare professional and forwarded to BrightSky Australia prior to the next scheduled delivery.

This Health Review should only be used when reviewing a patient currently on the National EB Dressing Scheme. For more information, contact the NEBDS Helpline on 1300 290 400 or go to [www.ebdressings.com.au](http://www.ebdressings.com.au)

**H1** Name of patient

Family Name

Given Name/Names

**H2** Patient's date of birth (dd/mm/yyyy)

 /  / 

**H3** Name of Health Professional (first and last name)

Title Dr  Mr  Assoc/Prof  Prof

**H4** Your contact details (physician label, stamp accepted)

Provider number

Phone number ( )

Mobile phone number

Fax number ( )

Email

@

Insert physician label here (if applicable).

**H5** Health Professional address for correspondence

Suburb

State

Postcode

**H6** Has the patient been hospitalised since the last review?

Yes  **Go to H7**

No  **Go to H8**

**H7** Please indicate the number of continuous days for each hospital stay. Attach additional page if required.

**H8** Please comment on the Patient's condition, noting any changes or infections.

  


**H9** The Applicant's next review date is

3 months

9 months

6 months

12 months

\* All patients must have a nominated review date (which must be attended) or risk being removed from the Scheme.

**PRIVACY AND YOUR PERSONAL INFORMATION**

- Your personal information is protected by law, including the *Privacy Act 1988*, and is being collected by BrightSky Australia on behalf of the Department of Health to determine your patient's eligibility for the National Epidermolysis Bullosa Dressing Scheme.
- If you do not provide this information, the Department of Health may not be able to have the necessary information to make a decision on your patient's eligibility for NEBDS.
- You can get more information about the way in which BrightSky Australia and Department of Health will manage your personal information, including the Department's privacy policy at [www.health.gov.au/internet/main/publishing.nsf/Content/eb-dressing-1](http://www.health.gov.au/internet/main/publishing.nsf/Content/eb-dressing-1) and [www.ebdressings.com.au](http://www.ebdressings.com.au)

**HEALTH PROFESSIONAL DECLARATION**

I declare that the information provided in the Health Report is correct.

Signature of Health Professional

Date

 /  / 

Please continue to Section 2 on page 2.

## SECTION 2 - Dressings - (refer to Schedule of Dressings)

To be completed by the Treating Healthcare Professional to advise of best estimate of monthly dressing requirements for the Patient, if changes to current Dressings is required. A full list of Dressings for a month's requirements must be completed.

**Patient's Name:** \_\_\_\_\_

If dressing requirements have changed (ie. increase, decrease) please state main reason/s.

BrightSky Product Number	Brand	Product Description	Size	Quantity	State box, carton, piece or each

Note that products not listed on the Schedule of Dressings are not subsidised under the Scheme.

Please attach additional page if required.

I have advised the Patient on the most appropriate dressings and how they are to be applied.

### HEALTH PROFESSIONAL DECLARATION

I declare to the best of my knowledge that the dressings listed are the best estimate of the Patient's requirements for one (1) month's use and are the most suitable dressing for treating this condition for this Patient. I understand this replaces previous Dressings requirements.

Signature of Nurse or EB Specialist

Date  /  /

Send the completed Review Form to:  
**NEBDS Administrator**  
**c/- BrightSky Australia**  
**PO Box 6347**  
**Silverwater DC NSW 1811**  
  
Fax: 1300 88 66 02  
Email: [eb@brightsky.com.au](mailto:eb@brightsky.com.au)