Women's Health Tasmania

This page last updated January 2023

Women's Health Fund Application for Assistance Form

Nurse, GP or Health Worker to complete form

Please advise the patient that:

- All information is confidential
- This form will be sent to Women's Health Tasmania as administrators of the Women's Health Fund
- De-identified information will be used for reporting and advocacy purposes
- **Client has been informed of confidentiality and form being sent to WHT** ☐ **(please tick)**

Today's Date _____/_____/_____

PATIENT DETAILS

First Name _____ Surname _____

Address _____

Phone _____

D.O.B. _____/_____/_____

Does patient have a Health Care Card or Pension Concession Card? Yes ☐ No ☐ Number: _____

If no, are you experiencing other financial hardship? Yes ☐ No ☐

Does patient have a Medicare card? Yes ☐ No ☐

Was patient born in Australia? Yes ☐ No ☐ If no, which country _____

Is patient of Aboriginal or Torres Strait Islander origin? Yes ☐ No ☐

Does patient have a disability? Yes ☐ No ☐

PATIENT'S HEALTH REQUIREMENT

MTOP ☐ Gestation _____ weeks

STOP ☐ Gestation _____ weeks

IUD ☐

Implanon ☐

Other (please describe)_____

NURSE, GP or HEALTH WORKER DETAILS

Worker Name _____ Organisation_____

Contact phone _____

For more information please call Women's Health Tasmania on 1800 675 028

Please fax or email this form to: Fax: 03 62369449 or Email: info@womenshealthtas.org.au