



**PLATINUM
HEALTH**

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CLINICAL MOTIVATION FORM MEDICINE OUTSIDE FORMULARY

1. Please complete the clinical motivation form in PRINT with black ink and forward to Platinum Health.
2. Relevant test results must be attached.
3. Prescription must be attached.
4. Failure to provide all information, will result in unnecessary delays.

1 PATIENT DETAILS (Please complete in full)

Platinum Health membership number: Patient dependant code:

Title: Prof Dr Mr Ms Initials: Surname:

Names in full (as per identity document):

Date of birth: C C Y Y M M D D E-mail:

Tel no (Home): Tel no (Work): Cell no:

Signature: (If the patient is a minor, parent, legal guardian or custodian must sign the form.)

2 PRESCRIBER'S DETAILS (Please complete in full)

Prescriber's name:

Prescriber's BHF: Tel no:

Prescriber's speciality:

Signature:

Date: C C Y Y M M D D

3 MEDICAL DETAILS (Prescribing doctor to complete in full)

Condition(s) to be authorised:

Patient co-morbidities:

1	PRODUCT NAME	STRENGTH	FORM	QUANTITY PER MONTH	START DATE	DURATION OF TREATMENT (MAX ONE YEAR) AND TERMINATION DATE	COST PER MONTH (SEP)	SCHEME TO COMPLETE	
								ACCEPTED/REJECTED	WHICH BENEFIT? PMB/CHRONIC/EX GRATIA
2									
3									
4									
5									
6									
7									

Motivation from prescribing doctor:

(Please attach the relevant test results.)

Previous medication used:

Relevant test results must be attached hereto:

(Please attach the relevant prescription.)