



Queensland Government

Medical Aids Subsidy Scheme
Queensland Health

(Affix identification label here)

Family name:

Given name(s):

Date of birth:

Gender: M F I

Palliative Confirmation
Palliative Care Equipment Program

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Medical Aids Subsidy Scheme (MASS) staff, in accordance with the MASS Privacy Statement, are committed to maintain strict confidentiality in all aspects of service delivery. You are assured that this information will remain confidential. Your information will not be divulged without your consent, except where required by law.

MASS administers the MASS Palliative Care Equipment Program (PCEP) on behalf of the Department of Health. The program provides Assistive Technology to eligible applicants with a palliative condition in their end stage of life.

This form is to confirm that the below named applicant has a palliative condition with a likely prognosis of 6 months or less and therefore meets the clinical eligibility to receive assistance through the program.

Note: A Palliative Care Specialist* **MUST** confirm the applicant's likely prognosis of 6 months or less.

This form may be completed by one of the following methods:

1. The applicant's Palliative Care Specialist in the first instance.
2. The applicant's Treating Medical Officer with an attached email from the Palliative Care Specialist confirming the likely prognosis of 6 months or less.
3. The applicant's Treating Medical Officer with the name and phone number of the Palliative Care Specialist who has confirmed the likely prognosis of 6 months or less also noted on the form.

In order to access assistance through the MASS PCEP, this eligibility requirement must be met.

Applicant Details

Name		Date of Birth
Address		
Suburb / town	Post code	Telephone

Treating Medical Officer- GP, Registrar, Specialist

Doctor Name		Profession
Organisation		
Organisation Address		
Suburb / town		Post code
Email		Telephone
Signature		Date

Initial Assessment

- I am the applicant's Treating Medical Officer and have consulted with a Palliative Care Specialist (insert details below), who has confirmed the applicant's condition has a likely prognosis of 6 months or less.
- OR
- I am the applicant's Palliative Care Specialist and confirm that the applicant's condition has a likely prognosis of 6 months or less.

Consulting Palliative Care Specialist (PCS)

Not required if Palliative Care Specialist has completed the form as the treating Medical Officer

PSC Name	Telephone
Organisation	

***Palliative Care Specialist Definition:** A Doctor who is an AHPRA designated Palliative Medicine Specialist/Physician.

Transfer of ongoing care to – if applicable

PSC Name	Telephone
Organisation	

Upload to MASS-eApply or Submit completed form to a MASS Service Centre

Email: MASS-PCEP@health.qld.gov.au

PO Box 281, Cannon Hill Qld 4170 Telephone: 07 3136 3545

DO NOT WRITE IN THIS BINDING MARGIN

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