



PLEASE NOTE: IF YOUR NEUROLOGIST OR TREATING MEDICAL PRACTITIONER HASN'T PROVIDED A LETTER CONFIRMING YOUR DIAGNOSIS, PLEASE HAVE THIS FORM COMPLETED AND RETURNED TO US.

TO BE COMPLETED BY YOUR NEUROLOGIST OR TREATING MEDICAL PRACTITIONER

For a customer to be eligible to receive services from MS Queensland, we require written confirmation from a Neurologist or treating medical practitioner, that the person has been diagnosed with a progressive neurological disease.

**NEUROLOGIST /
MEDICAL
PRACTITIONER
DETAILS:**

NAME:

ADDRESS:
.....

TELEPHONE: (.....).....

PATIENT DETAILS:

NAME:

ADDRESS:
.....

TELEPHONE: (.....).....

DATE OF BIRTH:/...../.....

Diagnosis of MS: RRMS ☐ SP ☐ PP ☐ PR ☐

or

Other Progressive Neurological Disease:

Name:

Signed:

DATE:/...../.....