



# PATIENT REGISTRATION FORM DIABETES DRUG PROGRAM

Fax requests to (902) 368-4905, email to [drugprograms@gov.pe.ca](mailto:drugprograms@gov.pe.ca) OR mail requests to PEI Pharmacare, P.O. Box 2000, Charlottetown, PE, C1A 7N8

<b>SECTION 1 - REGISTERED HEALTH PRACTITIONER INFORMATION</b>		<b>SECTION 2 - PATIENT INFORMATION</b>	
NAME AND MAILING ADDRESS		PATIENT (FAMILY NAME)	PATIENT (GIVEN NAME)
		DATE OF BIRTH (YYYY/MM/DD)	PERSONAL HEALTH NUMBER (PHN)
Please Identify Profession: <input type="checkbox"/> Medical Practitioner <input type="checkbox"/> Pharmacist <input type="checkbox"/> Dietitian <input type="checkbox"/> Nurse Practitioner <input type="checkbox"/> Nurse <input type="checkbox"/> Other:		PATIENT'S MAILING ADDRESS	
PHONE NUMBER (INCLUDE AREA CODE)			
FAX NUMBER (INCLUDE AREA CODE)			

### SECTION 3 - DIAGNOSIS CERTIFICATION

I CERTIFY THAT THE PATIENT IDENTIFIED IN SECTION 2 HAS BEEN DIAGNOSED AS HAVING DIABETES BY A MEDICAL PRACTITIONER OR NURSE PRACTITIONER\*.  
 \*THE SUBMISSION OF SPECIAL AUTHORIZATION REQUESTS MAY BE REQUIRED FOR MEDICATION COVERAGE.

#### CONFIRMATION OF DIABETES TYPE (REQUIRED):

Type I or Type II Diabetes Mellitus     Gestational Diabetes Mellitus (temporary 10 month registration)

### ELIGIBILITY LIMITATIONS

A person is not eligible to receive benefits under the Diabetes Drug Program, if the person is entitled to those benefits:

- (a) under the Workers Compensation Act;
- (b) from the Royal Canadian Mounted Police;
- (c) from the Department of National Defence;
- (d) from Veterans Affairs Canada;
- (e) under the Non-Insured Health Benefits Program for First Nations and Inuit;
- (f) under any other enactment or Act of the Parliament of Canada; or
- (g) under any statute of any jurisdiction either within or outside of Canada.

### SECTION 4 - REGISTERED HEALTH PRACTITIONER CERTIFICATION

I am applying on behalf of the patient noted in Section 2 for registration into the Diabetes Drug Program. I understand that PEI Pharmacare may require additional documentation or information to support this Patient Registration Request, or at any time the Patient is registered in the Diabetes Drug Program, to determine the need for ongoing registration in the Program. Personal information is collected under Prince Edward Island's Health Information Act as it relates directly to and is necessary for providing services under the Diabetes Drug Program. Any questions should be directed to the Program Office at 902-368-4947 or to the address at the top of the form.

To the best of my knowledge, I certify that the above patients is eligible for benefits under the Diabetes Drug Program.

**REGISTERED HEALTH PRACTITIONER COLLEGE REGISTRATION NUMBER (REQUIRED):** \_\_\_\_\_

**REGISTERED HEALTH PRACTITIONER SIGNATURE (REQUIRED):** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**On the first business day of receipt of the completed registration form, a Patient will be registered in the Diabetes Drug Program.  
 In order to be eligible, a patient must be a PEI resident as defined by the *Drug Cost Assistance Act*.**