Octopus Energy New Zealand Ltd
PO Box 11722
Wellington
6140

www.octopusenergy.nz
hello@octopusenergy.nz

Notice of Medically Dependent or Vulnerable Person

To the patient

Please complete this form with your doctor, pop it in the enclosed reply-paid envelope and send it back to Octopus Energy New Zealand Ltd., PO Box, Wellington 6140, or email to hello@octopusenergy.nz. It might be helpful for you to take along an electricity bill, so you and your doctor can refer to it while completing the form.

Part A — PATIENT DETAILS

1. **Patients name:** _____
2. **Date of birth:** ____/____/____ (dd/mm/yy)
3. **Patient's contact details:**
   - Home ( ) _____
   - Mobile ( ) _____
   - Work ( ) _____
   - Email _____
4. **Caregiver's or next of kin's name:**

   _____
5. **Caregiver's or next of kin's contact details:**
   - Home ( ) _____
   - Mobile ( ) _____
   - Work ( ) _____
   - Email _____
6. **Full physical address where the patient currently resides:**
   - Street _____
   - Suburb _____
   - Town / City _____
   - Postcode _____
7. **Account holder (as per the electricity bills) name:**

   _____
8. **Contact details of the electricity account holder(s) if different from previous questions**

   _____
9. **Account number** (found on residence's electricity bill):

   _____
10. **ICP number:** (found on residence's electricity bill):
    - Home ( ) _____
    - Mobile ( ) _____
    - Work ( ) _____
    - Email _____
11. **Consent:**

    You agree that we may use any information you provide to us for the purposes of carrying out our responsibilities to assist you, including discussing your information and electricity supply with Work and Income New Zealand, District Health Boards, lines companies, private health practitioners or any other social agency, budget advisor, civil defence organisation or service provider as we consider reasonably necessary.

Patient or Caregivers signature:

_____

Date: _____ /_____ /_____

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Part B — CONFIRMATION OF PATIENT'S SITUATION

I certify that _____

with NHI number _____

is:

a. Medically dependent: a customer who is dependent on mains electricity for critical medical support, and that a loss of electricity may result in loss of life or serious harm

b: Vulnerable: a customer who needs power because the loss of electricity may present a clear threat to health or well-being, for reasons of age, health or disability, or because of severe financial insecurity (whether temporary or permanent).

Medical condition and equipment used:

_____

_____

_____

_____

Type of critical medical equipment that requires continuous power of supply:

_____

_____

_____

_____

Permanent requirement of equipment:

Temporary requirement of equipment:
Duration for which the equipment will be require:

Date until requirement: _____ /_____ /_____

Name of DHB/Medical centre/hospital:

_____

Name of health practitioner:

_____

Signature:

_____

Date: _____ /_____ /_____

Medical Practitioner's stamp: