

APPLICANT (stamp or sticker acceptable) **PATIENT NHI:** **REFERRER** Reg No:

Reg No: First Names: First Names:

Name: Surname: Surname:

Address: DOB: Address:

..... Address:

.....

Fax Number: Fax Number:

Extensively hydrolysed formula (Aptamil Gold+Pepti Junior; Aptamil AllerPro SYNEO 1; Aptamil AllerPro SYNEO 2)

Initial application

Applications only from a dietitian, relevant specialist or vocationally registered general practitioner. Approvals valid for 6 months.

Prerequisites(tick boxes, and write the data requested in the space provided where appropriate)

Cows milk formula is inappropriate due to severe intolerance or allergy to its protein content

and

Soy milk formula has been reasonably trialled without resolution of symptoms

or

Soy milk formula is considered clinically inappropriate or contraindicated

or

Severe malabsorption

or

Short bowel syndrome

or

Intractable diarrhoea

or

Biliary atresia

or

Cholestatic liver diseases causing malabsorption

or

Cystic fibrosis

or

Proven fat malabsorption

or

Severe intestinal motility disorders causing significant malabsorption

or

Intestinal failure

or

For step down from Amino Acid Formula

and

The infant is currently receiving funded amino acid formula

and

The infant is to be trialled on, or transitioned to, an extensively hydrolysed formula

and

General Practitioners must include the name of the dietitian, relevant specialist or vocationally registered general practitioner and the date contacted

Note: A reasonable trial is defined as a 2-4 week trial, or signs of an immediate IgE mediated allergic reaction.

I confirm the above details are correct and that in signing this form I understand I may be audited.

Signed: Date:

Post application to Ministry of Health, Private Bag 3015, Wanganui – email: customerservice@health.govt.nz

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Extensively hydrolysed formula (Aptamil Gold+Pepti Junior; Aptamil AllerPro SYNEO 1; Aptamil AllerPro SYNEO 2) - *continued*

Renewal

Current approval Number (if known):.....

Applications only from a dietitian, relevant specialist, vocationally registered general practitioner or general practitioner on the recommendation of a dietitian, relevant specialist or vocationally registered general practitioner. Approvals valid for 6 months.

Prerequisites(tick boxes, and write the data requested in the space provided where appropriate)

and	<input type="checkbox"/> An assessment as to whether the infant can be transitioned to a cows milk protein or soy infant formula has been undertaken
and	<input type="checkbox"/> The outcome of the assessment is that the infant continues to require an extensively hydrolysed infant formula
General Practitioners must include the name of the dietitian, relevant specialist or vocationally registered general practitioner and the date contacted	

I confirm the above details are correct and that in signing this form I understand I may be audited.

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