



Life Support Registration Form

If a person at the premises relies on electricity to operate life support equipment, please complete this form and return it to HighFlow Energy as soon as possible.

1. Customer Details

Account Holder Name _____

Account Number (if known) _____

Supply Address _____

Suburb _____ State _____ Postcode _____

Contact Phone Number _____

Email Address _____

2. Life Support Equipment Details

Name of Person Requiring Life Support _____

Type of Equipment Used _____

Is the equipment medically prescribed? Yes No

Date equipment first required _____

3. Hospital / Medical Practitioner's Statement

Medical practitioner or hospital to complete.

I certify that a life support machine is/will be installed in the patient's home at the address shown above.

Name _____ Job Title _____

Medical / provider no _____ Phone _____

Hospital _____

Address _____

Suburb _____ State _____ Postcode _____

Signature _____ Date _____

Important Information

Electricity is supplied via the local distribution network. HighFlow Energy does not guarantee continuous, uninterrupted or fault-free electricity supply. Customers relying on life support equipment should have appropriate backup arrangements in place.

Return completed form to: enquiries@highflowenergy.com.au