



# Evidence of intended medical treatment (includes consultation)

**This form must be completed by a registered medical practitioner**  
**Note to persons in Australia who are intending to apply for a subclass 602 (Medical Treatment) visa:** You will need to have this form completed and signed by a registered medical practitioner to make your application in Australia if you do not hold a substantive visa at the time you apply.

A substantive visa is a visa other than a bridging visa, criminal justice visa, or an enforcement visa.

This completed and signed form must be submitted with your visa application. If this is not done, your visa application will not be a valid application and will not be considered.

If you are intending to apply for a medical treatment visa as a 'support person', the person who is or will be undergoing the treatment should have the form completed by a registered medical practitioner and provide it to you to include with your application.

**Note:** 'Medical practitioner' means a person registered as a medical practitioner under the law of an Australian state or territory providing for the registration of medical practitioners.

Please open this form using Adobe Acrobat Reader.  
 Either type in the fields provided or print this form and complete it using a pen and BLOCK LETTERS.

Tick where applicable

## *Details of person who is, or will be, undergoing treatment*

**1** Full name of person who is, or will be, undergoing the treatment

Family name

Given names

**2** Date of birth of person who is, or will be, undergoing the treatment

Day    Month    Year

 /  / 

**3** Has identification of the person who is, or will be, undergoing the treatment been sighted by the medical practitioner signing this form?

No

Yes  Identification type

## *Details of treatment*

**4** Medical condition requiring treatment

  


**5** Treatment information

  
  
  


**6** Details of medical practice where the treatment is being, or will be, provided

Name of medical practice

Address of medical practice

  
  
 Postcode

**7** Name of treating medical practitioner

## *Declaration by examining or consulting registered medical practitioner*

**8** I declare that I have examined or consulted with the person named in this form in relation to the person's ongoing or intended medical treatment in Australia, and the information provided in this form is true and correct.

**Signature of medical practitioner**

Day    Month    Year

Date

 /  / 

Full name (please print)

Registration number

Business address of signing medical practitioner (if different to address at Question 6)

  
  
 Postcode