



Attend treating practitioner
Provision of treating practitioner details

Practitioner's details

Name	Monitoring & compliance number
<input type="text"/>	<input type="text"/>

Treating practitioner's details**Treating practitioner 1**

Name (Last, first)	
<input type="text"/>	
Specialty	
<input type="text"/>	
Place of practice	
<input type="text"/>	
Postal address	
<input type="text"/>	
Contact number	Email
<input type="text"/>	<input type="text"/>

Treating practitioner 2

Name (Last, first)	
<input type="text"/>	
Specialty	
<input type="text"/>	
Place of practice	
<input type="text"/>	
Postal address	
<input type="text"/>	
Contact number	Email
<input type="text"/>	<input type="text"/>

Treating practitioner 3

Name (Last, first)

Specialty

Place of practice

Postal address

Contact number

Email

Treating practitioner 4

Name (Last, first)

Specialty

Place of practice

Postal address

Contact number

Email

Practitioner's declaration

By checking the following boxes and signing this form, I acknowledge and confirm:

- The treating practitioner details I have provided below are true, accurate and represent all practitioners I will be attending and undertaking treatment with for the purposes of compliance with the condition on my registration requiring attendance at a treating practitioner.
- I am not a relative, friend or professional colleague, or in a contractual or financial relationship with the treating practitioner(s) listed below.
- I have provided the treating practitioner(s) with a copy of the conditions on my registration.

- The treating practitioner(s) may communicate with Ahpra about:
 - a. my attendance
 - b. my compliance with treatment directions
 - c. information regarding my health where it impacts on my fitness to practise
 - d. information from any independent health assessment I attend as a result of a decision by the Board, and
 - e. any period of time where, due to the treating practitioner's absence, my care is transferred to another treating practitioner.

- Ahpra may contact the treating practitioner(s) for the purposes of obtaining reports. These reports may be obtained on the timeframe indicated in the condition on my registration requiring attendance on a treating practitioner and are to address:
 - a. my attendance at treatment
 - b. my compliance with treatment directions
 - c. my current health status as it pertains to my fitness to practise, and
 - d. any other matter that may affect my fitness to practise.

- In the event I consult another treating practitioner not nominated here, I must, within 21 days of the first appointment with this practitioner, complete and return new forms (HPF3 and HPNA3) to Ahpra. Forms are available from the Ahpra website or by contacting the case officer below.

Signature <input style="width: 90%; height: 40px;" type="text"/>	Date <input style="width: 80%; height: 20px;" type="text"/>
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When completed, return this form to:	
Case officer <input style="width: 90%; height: 25px;" type="text"/>	Ahpra GPO Box 9958 IN YOUR CAPITAL CITY (<i>refer below</i>)
Email <input style="width: 90%; height: 25px;" type="text"/>	Sydney NSW 2001 Canberra ACT 2601 Melbourne VIC 3001 Brisbane QLD 4001 Adelaide SA 5001 Perth WA 6001 Hobart TAS 7001 Darwin NT 0801



Attend treating practitioner

Treating practitioner acknowledgement

Practitioner's details

Name	Monitoring & compliance number
<input type="text"/>	<input type="text"/>

Treating practitioner's details

Name (Last, First)	Registration number
<input type="text"/>	<input type="text"/>
Place of practice <input type="text"/>	
Postal address <input type="text"/>	
Contact number	Email
<input type="text"/>	<input type="text"/>

Treating practitioner's declaration

By checking the following boxes and signing this form, I acknowledge and confirm:

- I have seen a copy of the conditions on the Practitioner's registration, as demonstrated by my signature on the attached schedule of conditions.
- I am not a relative, friend, professional colleague or in a direct contractual or financial relationship with the Practitioner.
- I am aware that Ahpra may contact me for the purposes of obtaining reports. These reports may be obtained on the timeframe indicated in the condition on the Practitioner's registration requiring attendance at a treating practitioner, and are to address the following:
- the Practitioner's attendance at treatment
 - the Practitioner's compliance with my treatment directions
 - the Practitioner's current health status as it pertains to fitness to practise, and
 - any other matter which may affect the Practitioner's fitness to practise.

Signature <input type="text"/>	Date <input type="text"/>
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When completed, return this form to:

Case officer <input type="text"/>	Ahpra GPO Box 9958 IN YOUR CAPITAL CITY (<i>refer below</i>)
Email <input type="text"/>	Sydney NSW 2001 Canberra ACT 2601 Melbourne VIC 3001 Brisbane QLD 4001 Adelaide SA 5001 Perth WA 6001 Hobart TAS 7001 Darwin NT 0801