

To Whom It May Concern



RE: Medical verification of incurable illness diagnosis (illness is progressive, cannot be cured and is expected to limit life expectancy to five years or less)

I am applying for a TimeOut Stay through TimeOut Charitable Trust. They connect holiday homeowners with individuals diagnosed with stage 4 cancer or an incurable illness, so they can take a much-needed break with family & friends. As part of the application process, I am required to provide medical confirmation of my eligibility. I would appreciate it if you could complete and sign the section below to confirm my diagnosis.

To be completed by a registered medical practitioner, registered nurse practitioner or registered nurse.

Patient's Full Name:.....

Patient's Date of Birth:

Patient's NHI:.....

I,
[Full Name of Registered Practitioner]

Confirm that:

- I am the supporting **registered medical practitioner / registered nurse practitioner / registered nurse** (*please circle one*) of the above-named patient.

- The patient has been diagnosed with (please tick):

☐ End Stage Cardiac Disease / Heart Failure

☐ End Stage Kidney Disease

☐ End Stage Liver Disease

☐ End Stage Lung Disease (e.g. COPD / Interstitial Fibrosis)

☐ End Stage Multiple Sclerosis

☐ End Stage Parkinson's Disease

☐ Motor Neurone Disease

☐ OTHER (please name):

This illness is progressive, cannot be cured and is expected to limit life expectancy to five years or less

Registered Practitioner's Signature: **Date:**

Practice Name:

Practice Address:

Thank you for your time and support.

www.timeoutnz.org