

Equipment prescription form



General information and instructions

This form must be completed for all requests for the following equipment:

- Wheelchairs
- Recliner chairs
- Pressurecushions
- Hoists
- Customised chairs
- MMT
- Scooters
- Beds
- Mattresses
- Standing frames
- Tilt tables

This form must also be completed for repairs or modifications to these existing equipment items if the repairs exceed \$1000.

It is expected that prescribing therapists conduct trials of items from the Equipment List (if available) with WorkSafe Equipment contracted suppliers before recommending any non-contracted items from an alternative supplier. Details of the WorkSafe Equipment Contracted Suppliers are available from <https://www.worksafe.vic.gov.au/equipment-and-related-services-policy>.

WorkSafe contracted supplier contact details:

Independence Australia

Phone: 1800 625 530
Fax for orders: (03) 9546 7744
Email: worksafe@mobiltyaids.com.au
Website: www.mobiltyaids.com.au

Aidacare

Phone: (03) 9981 2100
Fax for orders: (03) 9384 2088
Email: worksafe@aidacare.com.au
Website: www.aidacare.com.au

GMS Rehabilitation

Phone: 1300 734 223
Fax for orders: 1300 734 553
Email: sales@gmsrehab.com.au
Website: www.gmsrehab.com.au

Independent Living Specialists

Phone: 1300 008 267
Fax for orders: (02) 9427 4338
Email: vic.admin@ilsau.com.au
Website: www.ilsau.com.au

All questions must be answered for this plan to be considered.

Please use block letters when completing this form and attach itemised quote for prescribed equipment. Where there is insufficient space or for any further relevant information, please attach to the back of this form.

1. Injured worker details

Injured workers name	Claim No.	
<input type="text"/>	<input type="text"/>	
Occupation	Date of birth	Date of injury
<input type="text"/>	<input type="text"/>	<input type="text"/>

2. Equipment details

What equipment is being requested? eg. wheelchair, hoist, standing frame

3. Recommended method of provision

Purchase Reissue Hire If hire, for how long?

4. Type of supply

Initial provision Replacement Modification **modifications within 6 months of purchase (complete sections, 7-13 only)*

5. If equipment is being replaced or modified

Type/model etc of equipment	Date
<input type="text"/>	<input type="text"/>

Purchased limitation of current equipment

Any further relevant information eg. reason/s for replacement

6. Equipment recommended

Purpose of equipment recommended. Consider intended ADLs, social, intended use (indoors, outdoors, frequency)

Expected measurable outcomes

Details of equipment recommended.
List model and specifications. Consider sizes, standard features and standard accessories

Have you contacted the WorkSafe equipment contracted suppliers? Yes No
If no, please advise your clinical justification for not utilizing the WorkSafe Equipment contracted suppliers equipment list

Are non-standard options or non-standard customisations required? Yes No
If yes, please list options and supporting clinical rationale

Have you considered day to day transportation of the equipment? Yes No Not applicable
Have you considered the compatibility with existing equipment and the injured worker's environment? Yes No
Have you considered safety of the injured worker and carers with this equipment? Yes No

7. Trials

Please include details of all the equipment trialed, in the first instance utilizing the WorkSafe contracted supplier equipment list, please include the specific item you are recommending

Equipment	Length & location of trial	Findings/Outcomes

8. Quotation

Has the selected WorkSafe equipment contracted supplier provided a written quotation? Yes No

If no, please provide clinical justification or attach relevant documentation why equipment is not available through the WorkSafe equipment contracted list

9. Anticipated maintenance and repair

Consider warranty, suppliers recommended service schedule

10. Training requirements

Are there any training requirements? Yes No

If yes, please outline anticipated training requirements for the injured worker and/or carer(s)

Will you conduct a review of the equipment after delivery? Yes No

If no, please explain why a review is not required

11. Prescribing therapist follow up services

Please advise if follow up services are required

Explain why follow up services or training is recommended	Frequency and duration of follow up services eg <i>weekly follow up for two months</i>	Comments, including additional travel time

12. Additional comments

13. Current functional status

Work-related injuries and relevant medical history.

Consider cognitive function/behaviour, prognosis, etc

Current function and limitations.

Consider weight, height, mobility, upper and lower limb function, transfers, posture, functional measures

Social situation.

Consider informal supports, living situation, employment, storage, etc

14. Prescribing therapist details.

I have discussed the information contained in the equipment prescription form with the injured worker, carers and other members of the treating team, including the equipment requested the aims, predicted outcomes, maintenance and training requirements.

Provider name

Provider address

P/code

<input type="text"/>	<input type="text"/>
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Phone number

Email address

<input type="text"/>	<input type="text"/>
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Signature *(Mandatory requirement)*

Days/hours available

Date

<input type="text"/>	<input type="text"/>
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15. Collection of personal information

Personal and health information collected by WorkSafe on this form will be used for the purpose of processing your Equipment prescription form, as part of the management of the claim. It may be used for other related purposes including administration and evaluation of WorkSafe's programs.

WorkSafe may disclose any personal and health information it collects to its authorised agents, legal practitioners, contractors, consultants and other service providers engaged by it or by its authorised agents; courts tribunals; the Accident Compensation Conciliation Services, or any other person or organisation authorised by you, or law to obtain it.

Individuals have the right to access their personal information held by WorkSafe. You should contact WorkSafe's Freedom of Information Unit. You can access the WorkSafe privacy policy at worksafe.vic.gov.au