



Request for Exercise Bike

NOTE: this form should be submitted to DVA if the clinical need for an exercise bike continues at the end of the initial three month period.

Provider Hotline Number: **1800 550 457** – Choose Option 1 for Aids & Appliances provided under the Rehabilitation Program (RAP)

Rehabilitation Appliances Program (RAP) and other government services (such as the National Disability Insurance Scheme (NDIS), Home Care Package or Commonwealth Home Support Program (CHSP)) – Aids, appliances and modifications can be provided by RAP or other government services, such as NDIS/Home Care Package/CHSP, as long as the same aid/appliance/modification is not duplicated by both RAP and NDIS/Home Care Packages/CHSP.

Privacy notice

Your personal information is protected by law, including the *Privacy Act 1988*. Your personal information may be collected by the Department of Veterans' Affairs (DVA) for the delivery of government programs for war veterans, members of the Australian Defence Force, members of the Australian Federal Police and their dependants.

[Read more: How DVA manages personal information](#)

Supplier choice: Aidacare Allianz BrightSky Country Care Group

1 Client's name

2 File number

3 List the clinical issues that additional use of an exercise bike will address

4 Outline the functional goals that have been achieved to date

5 Outline the functional goals that will assess the effectiveness of the additional use of an exercise bike and the estimated timeframe required to reach these goals.

Note that DVA does not fund exercise bikes for general fitness or general reconditioning. If an exercise bike is required for weight loss there should be a referral from a bariatric specialist who continues to monitor the program.

6 Is the client continuing with treatment? No Yes **▶ Outline the justification and the ongoing treatment plan**

7 Prescription

Type of bike

Upright

Recumbent

Other

Anticipated length of hire (maximum 12 months)

3 months

6 months

9 months

12 months

Is this extending the length of hire?

No

Yes

8 Safety Issues

Can the client independently mount the exercise bike safely?

No

Yes

Is the client at risk of skin tears?

No

Yes

Can the client reliably monitor level of exertion whilst exercising?

No

Yes

Is the client using the exercise bike safely?

No

Yes

Do your records contain the mandatory medical certificate from the client's GP/Specialist stating that it is medically safe for the client to use an exercise bike as part of an independent home exercise program?

No

Yes

This certificate is mandatory and should include:

1. The client's current and past medical conditions and medications.
2. A statement from the GP/Specialist as follows - *"I certify that (insert clients name) has a stable cardiovascular system and is medically safe to undertake an independent exercise program using an exercise bike"*.

9 Prescriber details

Prescriber type

Physiotherapist

Exercise Physiologist

Chiropractor

Osteopath

LMO

Specialist

▶ Please specify

Provider's name

Provider's organisation

Provider's number

10 Contact details

Address

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

POSTCODE

Telephone number

Fax number

E-mail address

SIGNATURE



Date

DVA Rehabilitation Appliances Program

Contracted Suppliers of Exercise Bikes

<i>Supplier</i>	<i>Phone</i>	<i>Fax - General</i>
Aidacare	1300 888 052	1300 787 052
Alianz Global Assistance	1800 857 715	1800 653 556
BrightSky	1300 799 243	1300 799 253
The Country Care Group	1800 727 382	1800 329 382

Prescribers are reminded that the choice of supplier is theirs.

The alphabetical listing above is for administrative ease only.

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