

HOSPITAL DIRECT EQUIPMENT ORDER FORM



Important notes

- Any equipment ordered is for use as an outpatient only
- The hospital is responsible for ordering and paying for equipment used during an inpatient stay
- Please consider purchasing equipment if costs are under \$300.00
- Public hospitals are responsible for paying for all hire/purchase of equipment in the first 30 days after discharge
- The TAC is unable to consider an equipment order form that is incomplete. This form must contain the following information:
 - all fields must be completed in the client details section (section 1)
 - level of urgency (section 5)
 - delivery details (section 2)
 - therapist contact details (section 4)
 - for hire items: identified length of time equipment hire is required (section 7)
 - details of customisation, where required (section 8)
- The equipment in 'Equipment supply details' (section 6) is commonly required to ensure a patient's safe discharge. Requests for equipment that are not on this list must be sent to the TAC in writing. Please do not use this form to order equipment that is not listed in section 6.

- Time-frames for the TAC to supply discharge equipment are based on business hours from the date the order is received. Before selecting the level of urgency, please consider the patient's home location, any installation needs and the effect of weekends and public holidays
- Urgency levels and time-frames do not apply for customised orders
- You should submit this form as soon as possible before discharge
- Refer to the notes page for assistance with completing this form.

How to order equipment

Send this form to one of the following TAC Equipment Contractors:

Independence Australia

Phone: 1800 625 530

Email: tac@mobilityaids.com.au

www.independenceaustralia.com.au

www.mobilityaids.com.au

Aidacare

Phone: 9384 1846

Email: tac@aidcare.com.au

www.aidacare.com.au

Country Care Group

Phone: 1800 843 224

Email: contracts@countrycaregroup.com.au

www.countrycaregroup.com.au

1. Client details

Name

Address

Post code

Claim number

Date of birth

Telephone number (home)

Date of accident

Mobile number

2. Delivery details *Only complete this section if different from the client details in section 1*

Delivery address

Post code

Delivery contact name

Contact telephone number

3. Order details

Date and time this order was lodged with the TAC Equipment Contractor

Date: / / Time:

Name of hospital

Proposed discharge time and date

_____ on / /

4. Therapist details

Therapist name

Telephone number

Fax number

Email

5 Level of urgency

- Level 3:** 3-10 business days. Date required by: _____ (Supplier will contact the therapist if this date cannot be met)
- Level 2:** 8-16 business hours*. A Level 2 order is only to be submitted if the patient's safety or mobility will be compromised
- Level 1:** within 8 business hours*. A Level 1 order is only to be submitted if the patient's safety or mobility will be at risk.

Provide clinical justification for level 1 and 2 orders as to why the patient's safety or mobility is at risk or compromised upon discharge. Requests that do not provide this information will not be considered by the TAC

Customised equipment. Supplier will notify the therapist of the expected delivery date.

* **Note:** Business hours are Monday to Friday, 9am to 5pm.

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6. Equipment request details

NOTE: Please use the *TAC Equipment List* code when selecting equipment from this list

Product description <i>please tick</i>	Dimensions, product size and specifications	Equipment list code
Hygiene category		
<input type="checkbox"/> Bath board	Specify:	
<input type="checkbox"/> Swivel Bath Seat	Specify:	
<input type="checkbox"/> Bath transfer bench	<input type="checkbox"/> Back rest Rail <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Leg Extensions	
<input type="checkbox"/> Shower stool	<input type="checkbox"/> Adjustable <input type="checkbox"/> With arms <input type="checkbox"/> Bariatric	
<input type="checkbox"/> Shower chair	<input type="checkbox"/> Adjustable <input type="checkbox"/> With arms <input type="checkbox"/> Swivel <input type="checkbox"/> Bariatric	
<input type="checkbox"/> Shower chair accessories	Specify:	
<input type="checkbox"/> Over-toilet surround (frame only)	Specify:	
<input type="checkbox"/> Over-toilet frame	Seat height available (49cm – 65cm) <i>specify size</i> <input type="checkbox"/> Bariatric <input type="checkbox"/> Splash guard <input type="checkbox"/> Adjustable	
<input type="checkbox"/> Toilet seat raiser	<input type="checkbox"/> 50mm <input type="checkbox"/> 100mm <input type="checkbox"/> 150mm <input type="checkbox"/> with lid <input type="checkbox"/> with arms	
<input type="checkbox"/> Commode chair	<input type="checkbox"/> Bedside <input type="checkbox"/> Bariatric <input type="checkbox"/> Attendant-propelled <input type="checkbox"/> Pan and lid included <input type="checkbox"/> Pan carrier <input type="checkbox"/> Retractable arms <input type="checkbox"/> Leg extension - Left <input type="checkbox"/> Right <input type="checkbox"/> <input type="checkbox"/> Foldable/sliding foot plate - Left <input type="checkbox"/> Right <input type="checkbox"/>	
<input type="checkbox"/> Urinals <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Standard <input type="checkbox"/> Non-spill <input type="checkbox"/> Urinal bottle holder	
<input type="checkbox"/> Personal hygiene	<input type="checkbox"/> Sponge <input type="checkbox"/> Toe wiper <input type="checkbox"/> Brush/comb	
<input type="checkbox"/> Shower hose – push on self-install	<input type="checkbox"/> Single 1.25m <input type="checkbox"/> Single 2m <input type="checkbox"/> Double 1.25m <input type="checkbox"/> Double 2m	
<input type="checkbox"/> Non-slip mats	<input type="checkbox"/> Shower mat <input type="checkbox"/> Bath mat	
<input type="checkbox"/> Requires installation	Specify installation details:	
Other HDEL items	Specify:	
Bedding category	Dimensions, product size and specifications	Equipment list code
<input type="checkbox"/> Foam mattresses	<input type="checkbox"/> Low-risk <input type="checkbox"/> Pressure care	
<input type="checkbox"/> Bed raisers/blocks	<input type="checkbox"/> 40mm <input type="checkbox"/> 100mm <input type="checkbox"/> 140mm	
<input type="checkbox"/> Bed sticks	<input type="checkbox"/> Single bed <input type="checkbox"/> Double bed <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Both sides <input type="checkbox"/> With return	
<input type="checkbox"/> Bed cradle	Specify:	
<input type="checkbox"/> Pillows	Specify:	
<input type="checkbox"/> Back supports/rests	Specify:	
<input type="checkbox"/> Over-bed or over-chair table	Specify:	
<input type="checkbox"/> Medical sheepskin	Specify:	
<input type="checkbox"/> Requires installation	Specify installation details:	
Other HDEL items	Specify:	

Seating category	Dimensions, product size and specifications	Equipment list code
<input type="checkbox"/> Day Chairs <input type="checkbox"/> Adjustable height	<input type="checkbox"/> Low back <input type="checkbox"/> High back <input type="checkbox"/> Medium back <input type="checkbox"/> Bariatric	
<input type="checkbox"/> Stool Adjustable height	<input type="checkbox"/> Kitchen <input type="checkbox"/> With arms <input type="checkbox"/> No arms <i>specify height</i>	
<input type="checkbox"/> Foot stool/ leg rest	<input type="checkbox"/> Adjustable 125mm <input type="checkbox"/> Adjustable 200mm	
<input type="checkbox"/> Back and neck supports	Specify:	
<input type="checkbox"/> Chair raisers	<input type="checkbox"/> 40mm <input type="checkbox"/> 100mm <input type="checkbox"/> 140mm	
<input type="checkbox"/> Cushions (under \$500)	Specify:	
Other Equipment List items	Specify:	
Household aids category	Dimensions, product size and specifications	Equipment list code
<input type="checkbox"/> Household cleaning	<input type="checkbox"/> Sweepers <input type="checkbox"/> Vacuum cleaners <input type="checkbox"/> Mops <input type="checkbox"/> Dusters <input type="checkbox"/> Other, specify:	
<input type="checkbox"/> Kitchen/ food trolley	<input type="checkbox"/> Wooden tray <input type="checkbox"/> Plastic tray <input type="checkbox"/> Laundry trolley <i>specify height :</i>	
<input type="checkbox"/> Reaching aids	<input type="checkbox"/> Reaching aids short (<60cm) <input type="checkbox"/> Reaching aids standard (55-70cm) <input type="checkbox"/> Reaching aids medium (70-89cm) <input type="checkbox"/> Reaching aids long (+90cm)	
<input type="checkbox"/> Adaptive kitchens aids	<input type="checkbox"/> Jar-opener <input type="checkbox"/> Bottle-opener <input type="checkbox"/> Can opener <input type="checkbox"/> Food preparation system	
Other Equipment List items	Specify:	
Eating and drinking aids category	Dimensions, product size and specifications	Equipment list code
<input type="checkbox"/> Eating and drinking	<input type="checkbox"/> Bowl <input type="checkbox"/> Plate <input type="checkbox"/> Cup	
<input type="checkbox"/> Adaptive cutlery	<input type="checkbox"/> Fork <input type="checkbox"/> Knife <input type="checkbox"/> Spoon	
<input type="checkbox"/> Non-slip mats (Dycem)	<input type="checkbox"/> Rectangular <input type="checkbox"/> Round <input type="checkbox"/> Large	
Other Equipment List items	Specify:	
Clothing and dressing aids category	Dimensions, product size and specifications	Equipment list code
<input type="checkbox"/> Dressing/stocking aids	<input type="checkbox"/> Sock/stocking donner <input type="checkbox"/> Elastic shoe laces <input type="checkbox"/> Shoe horn <input type="checkbox"/> Button hook <input type="checkbox"/> Other, specify:	
<input type="checkbox"/> Compression garments	<input type="checkbox"/> Closed toe <input type="checkbox"/> Open toe <input type="checkbox"/> Thigh length <input type="checkbox"/> Socks <input type="checkbox"/> Gloves	
<input type="checkbox"/> Cast/dressing protector	<input type="checkbox"/> Upper limb <input type="checkbox"/> Lower limb <input type="checkbox"/> Short <input type="checkbox"/> Long	
Other Equipment List items	Specify:	
Building fixtures category	Dimensions, product size and specifications	Equipment list code
Rails (includes installation)	Specify rail details:	
*Orders without home visit diagrams will not be considered	Location: <input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Bath tub <input type="checkbox"/> Shower recess <input type="checkbox"/> Steps	
Ramps/platform steps (includes installation)	Specify ramp/platform step details:	
*Orders without home visit diagrams will not be considered	Location:	

Walking and mobility aids category	Dimensions, product size and specifications	Equipment list code
<input type="checkbox"/> Walking/pick-up frame	Specify: <input type="checkbox"/> 2-wheel <input type="checkbox"/> 3-wheel <input type="checkbox"/> 4-wheel	
<input type="checkbox"/> Axilla/underarm crutches	Specify:	
<input type="checkbox"/> Gutter frame / crutch	Specify:	
<input type="checkbox"/> Adjustable elbow/forearm crutches	Specify:	
<input type="checkbox"/> Walking stick adjustable	Specify:	
<input type="checkbox"/> Accessories for above:	Specify:	
<input type="checkbox"/> Other Equipment List items	Specify:	
Lifting and transfer category	Dimensions, product size and specifications	Equipment list code
<input type="checkbox"/> Transfer belt	Specify:	
<input type="checkbox"/> Transfer board	Specify:	
<input type="checkbox"/> Swivel transfer aids	Specify:	
<input type="checkbox"/> Transfer pads, sheets and tubes:	Specify:	
Small stock category	Dimensions, product size and specifications	Equipment list code
<input type="checkbox"/> Theraband	Colour :	
<input type="checkbox"/> Hand Putty	Colour :	
<input type="checkbox"/> Digiflex	Colour:	
<input type="checkbox"/> Braces and supports	Specify:	
<input type="checkbox"/> Scar management	<input type="checkbox"/> Kelo-cote scar gel 6g <input type="checkbox"/> Mepiform 4cm X 30cm <input type="checkbox"/> Mini massager	
Other Equipment List items	Specify:	

Refer to the TAC website for the Equipment Policy and Equipment Contractor Equipment Lists.

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7. Hire items

NOTE: Items under \$300.00 should be considered for purchase. Victorian Public Hospitals are exempt.

Hire period: Victorian public hospitals – 30 days post-discharge date only Additional hire required

Specify 2 weeks 4 weeks 6 weeks 8 weeks other

Hire period start date

 / /

Hire period end date

 / /

Product description <i>please tick</i>	Dimensions, product size, specifications	Equipment supplier code
<input type="checkbox"/> Wheelchair standard/manual <i>hire only</i>	<input type="checkbox"/> Self-propel <input type="checkbox"/> Attendant-propel <input type="checkbox"/> Standard (18") <input type="checkbox"/> Amputee setting <input type="checkbox"/> Bariatric <input type="checkbox"/> Other width (12"-20") Specify:	
<input type="checkbox"/> Wheelchair accessories <i>hire only</i>	<input type="checkbox"/> Elevating leg rest <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Arm rests <input type="checkbox"/> Removable <input type="checkbox"/> Full-length <input type="checkbox"/> Stump support	
<input type="checkbox"/> Knee scooter <i>hire only</i>	Specify:	
<input type="checkbox"/> Mobile shower commode <i>hire only</i>	<input type="checkbox"/> Self-propel <input type="checkbox"/> Attendant-propel <input type="checkbox"/> Bariatric specify : <input type="checkbox"/> Foot plate/leg extension = Left <input type="checkbox"/> Right <input type="checkbox"/>	
<input type="checkbox"/> Portable ramps <i>hire only</i>	Type: _____ Length : _____	
<input type="checkbox"/> Chair – adjustable <i>hire only</i>	Type: _____ <input type="checkbox"/> Bariatric	
<input type="checkbox"/> Pressure cushion <i>hire only</i>	Jay Easy - size:	
<input type="checkbox"/> Other HDEL items	Specify:	

8. Customised equipment – up to \$500.00 per item

NOTE: Customised equipment that exceeds \$500.00 cannot be ordered on this form. Approval for these items must be obtained from the client/worker's Claim Manager.

Product description (brand, code)	Dimensions, size specifications, client requirements

9. Personal and Health Information

TAC

The TAC will retain the information provided and may use or disclose it to make further inquiries or assist in the ongoing management of the claim or any claim for common law damages. The TAC may also be required by law to disclose this information. Without this information the TAC may be unable to determine entitlements or assess whether treatment is reasonable and may not be able to approve further benefits and treatment. If you require further information about our privacy policy, please call the TAC on 1300 654 329 or visit our website at www.tac.vic.gov.au