



Recliner Chair Assessment Form

RAP Mobility & Functional Support Products

Provider Hotline Number: 1800 550 457 - choose Option 1 for Aids & Appliances provided under the Rehabilitation Appliances Program (RAP).

The provider is responsible for ensuring that the entitled person is aware that their personal information is to be forwarded to DVA, and companies authorised by DVA to deliver products, for determining and/or providing benefits under the *Veterans' Entitlements Act 1986*. The information will be treated in a confidential manner. However, in certain circumstances it may be used for clinical review, audit or management purposes or disclosed to the entitled person's general practitioner.

RAP and NDIS - Aids and appliances can be provided by both DVA, through the Rehabilitation Appliances Program or by the NDIS, through an individual care plan, as long as the same aid/appliance is not provided by both NDIS and DVA.

Supplier choice: Aidacare Allianz Global Assistance Country Care Group BrightSky (formerly ParaQuad)

Provider Details

OT PT GP Other (Specify Profession)

Provider Stamp (if applicable)

Name

Provider number

Employer

Address

 POSTCODE

Phone number [] Fax []

Mobile number

E-mail

Entitled Person/Delivery Details

Surname

Given name(s)

Date of birth / /

DVA file number

Card type Gold White - please contact DVA to check eligibility under the entitled person's Accepted Disability(ies). Please call **1800 550 457** (as above).

Does the entitled person live in a Residential Aged Care Facility? No Yes - ACFI Classification not yet assigned
 ACFI Classification
 Does the ACFI classification contain one high domain or two or more medium domain categories?
 No Yes (Refer to DVA)

Does the entitled person receive help under Home Care Package Level 4 (formerly EACH)? No Yes - please contact DVA

Entitled person's contact phone number [] Alternative contact No. []

Residential address

 POSTCODE

Delivery address (if different to above)

 POSTCODE

Surname

DVA File number

Note: Sit to stand transfers are essential for independent living. Impairment of this function, associated with impairment in other ADLs and mobility, may lead to greater care needs. It is therefore important to promote and facilitate active, independent sit to stand transfers for as long as possible. Prolonged reclining can result in weakened spinal stability muscles, potentially exacerbating back pain and may have negative effects on the vestibular, circulatory and respiratory systems.

Hence the prescription of an Electric Lift Recliner Chair should only be made after careful assessment, trial of simpler options and consideration of physiotherapy treatment to restore physical function.

Clinical Justification for Recliner chair

Due to a clinical condition, the entitled person:

Is unable to safely and independently transfer to and from an appropriate height chair

Is unable to sit erect in an appropriate chair

Diagnosis/Medical History

Diagnosis

Specify period post surgery/hospital admission (if applicable)

Is the entitled person under palliative care?

No Yes - (Refer to DVA to confirm necessity of physiotherapy plan)

Comments

Physiotherapy Plan - to be completed if physiotherapist is not the prescriber

Name

Provider number

Phone number

Mobile

Email

Summary of Communication (treatment goals, home exercises, assessment outcome)

Surname

DVA File number

Is there potential for improvement? No Yes

Comments

Is this request supported by the entitled person's Physiotherapist? No Yes

Clinical and Functional Assessment

Please describe
(Refer to the RAP National Schedule of Equipment, items AC06 and AC09)

Current seating & transfer skills

Chair type/location	Condition of chair	Compressed seat height	Seat depth	Can the person independently transfer from this chair?
				No <input type="checkbox"/> Yes <input type="checkbox"/>
				No <input type="checkbox"/> Yes <input type="checkbox"/>
				No <input type="checkbox"/> Yes <input type="checkbox"/>

Can the entitled person safely transfer from these chairs?

No Yes

Has the entitled person had falls whilst transferring?

No Yes

Comments

Surname

DVA File number

Entitled person's weight kg

Seated Anthropometric Measurements

Popliteal height (seated)

cm

Hip/thigh width (seated)

cm

Upper leg length (seated)

cm

Height to top of head (seated)

cm

Assessment of Ability to Operate a Recliner Chair

Does the entitled person demonstrate adequate physical skills to safely operate the chair?

No Yes

Does the entitled person demonstrate adequate cognitive ability to safely operate the chair?

No Yes

Is there a power point within reach of an electrically operated chair?

No Yes

Specify which DVA contracted ERC you plan to trial

Certification

I certify that the entitled person has been clinically assessed and that the RAP National Schedule of Equipment and RAP National Guidelines have been taken into account.

Signature



Date

/ /
