



WORKSAFE VICTORIA

EQUIPMENT - PRESCRIPTION FORM

Important Notes

This form must be completed for all requests for wheelchairs, pressure cushions, powered conversion kits, hoists, scooters, beds, mattresses, standing frames, tilt tables, large exercise equipment, lounge chairs, customised chairs. This form must also be completed for repairs or modifications to these existing equipment items.

Providers are required to contact the WorkSafe Equipment Contractors prior to conducting trials of equipment. Details of the WorkSafe Equipment Contractors are available from www.worksafe.vic.gov.au.

Please refer to the notes for assistance in completing this form.

1. Injured Worker Details

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

2. Equipment Details

What Equipment is Being Requested? *eg. wheelchair, hoist, standing frame*

Recommended Method of Provision

Purchase
 Reissue
 Hire *If hire, for how long?*

Type of Supply

Initial Provision
 Replacement
 Modification
 Modifications within 6 months of purchase
(complete sections 4, 5, 6, 7, 8 only)

If Equipment is Being Replaced or Modified

Type/Model etc of Equipment

Date Purchased

Limitation of Current Equipment

Any Further Relevant Information *eg. reason/s for replacement*

3. Current Functional Status

Work-related Injuries and Relevant Medical History. *Consider cognitive function/behaviour, prognosis*

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*

4. 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*

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

Has there been multidisciplinary team consensus? Yes No

Have you contacted the WorkSafe Equipment Contractors? Yes

5. Trials

Have You Contacted the WorkSafe Equipment Contractors? Yes No

Include details of all equipment trialled, including the specific item you are recommending

Equipment	Length and location of trial	Findings

6. Quotation

Has the selected WorkSafe Equipment Contractor provided a written quotation? Yes No

If no, please provide details or attach relevant documentation why equipment is not available through the WorkSafe Equipment Contractors

7. Anticipated Maintenance and Repair

Consider warranty, suppliers recommended service schedule

8. Training Requirements

Are there any Training Requirements? Yes No
If yes, please outline anticipated training requirements for the injured worker

9. Treating Therapist's 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, Address and Phone No.

Signature *(Mandatory Requirement)*

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Days/Hours Available

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Date

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10. 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.

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.