



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: **1300 550 457** (metro) **1800 550 457** (country) Choose Option 1 for Aids & Appliances provided under the Rehabilitation Program (RAP)

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.

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 Global Assistance (Mondial) Country Care Group BrightSky

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 physiotherapy treatment? No Yes **▶ Outline the justification and the ongoing treatment plan**

7 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

Please ensure you have in your records a medical certificate from the LMO/GP/Specialist stating that it is medically safe for the client to use an exercise bike as part of an independent home exercise program. This is mandatory.

This certificate should include:

1. The client's current and past medical conditions and medications.
2. A statement from the LMO/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"*.

8 Physiotherapist's name.

9 Contact details.

Address

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

POSTCODE

Telephone number

Fax number

E-mail address

PHYSIOTHERAPIST'S 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 (formerly Mondial)	1800 857 715	1800 653 556
The Country Care Group	1800 727 382	1800 329 382
BrightSky (formerly ParaQuad)	1300 799 243	1300 799 253

Prescribers are reminded that the choice of supplier is theirs.

The alphabetical listing above is for administrative ease only.

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