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| **Important notes**   * This form can be used to order basic equipment items directly from the listed TAC Equipment Contractors to facilitate a patient’s safe discharge from hospital. * Please send a copy of this form to the TAC at [equipbroker@tac.vic.gov.au](mailto:equipbroker@tac.vic.gov.au) * 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 completed in client details (section 1)   + delivery details (section 2)   + therapist contact details (section 4)   + level of urgency (section 5)   + 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. * Equipment items ordered on this form are basic models up to $500. If the equipment item exceeds this amount you are required to submit the Assistive Technology Assessment and Recommendations form to the TAC. * Urgency levels and time-frames do not apply for customised orders. * Submit this form as soon as possible before discharge. * Refer to the notes page for assistance to complete this form.   **How to order equipment**  Send this form to one of the TAC Equipment Contractors:  **Independence Australia (Mobility Aids Australia)** Phone: 1800 625 530  Email: [tac@mobilityaids.com.au](mailto:tac@mobilityaids.com.au)  www.independenceaustralia.com.au  www.mobilityaids.com.au  **Aidacare**  Phone: 9384 1846  Email: [tac@aidacare.com.au](mailto:tac@aidacare.com.au)  www.aidacare.com.au  **Country Care Group**  Phone: 1800 843 224  Email: [contracts@countrycaregroup.com.au](mailto:contracts@countrycaregroup.com.au)  www.countrycaregroup.com.au  **Independent Living Specialists, ILS (incl. Leef Mobility)**  Phone: 1300 008 267  Email: [vic.accounts@ilsau.com.au](mailto:vic.accounts@ilsau.com.au)  www.ilsau.com.au |

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| 1. **Client details** |  |  |  |  |
| Name |  | Claim number |  |  |
|  |  |  |  |  |
| Address |  | Date of birth |  | Date of accident |
|  |  |  |  |  |
| Post code |  | Telephone number (home) |  | Mobile number |
|  |  |  |  |  |

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

|  |  |  |
| --- | --- | --- |
| Delivery address |  | Delivery contact name |
|  |  |  |
|  |  | Contact telephone number |
| Post code |  |  |

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| --- | --- | --- |
| 1. Order details |  | 1. Therapist details |
| Date and time this order was lodged with the TAC Equipment Contractor |  | Therapist name |
| Date:      /     /      Time: |  |  |

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| --- | --- | --- | --- | --- |
| Name of hospital |  | Telephone number |  | Fax number |
|  |  |  |  |  |

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| --- | --- | --- |
| Proposed discharge time and date |  | Email |
| on      /     / |  |  |

1. 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

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

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

**CONTINUED ON THE NEXT PAGE**

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

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

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| --- | --- | --- | --- |
| **Seating category** | | **Dimensions, product size and specifications** | **Equipment list code** |
| Day Chairs  Adjustable height | | Low back  High back  Medium back  Bariatric |  |
| Stool Adjustable height | | Kitchen  With arms  No arms  s*pecify height* |  |
| Foot stool/ leg rest | | Adjustable 125mm  Adjustable 200mm |  |
| Back and neck supports | | Specify: |  |
| Chair raisers | | 40mm  100mm  140mm |  |
| Cushions (under $500) | | Specify: |  |
| Other Equipment List items | | Specify: |  |
| **Household aids category** | | **Dimensions, product size and specifications** | **Equipment list code** |
| Household cleaning | | Sweepers  Mops  Dusters  Other, specify: |  |
| Kitchen/ food trolley | | Wooden tray  Plastic tray  Laundry trolley  specify height : |  |
| Reaching aids | | Reaching aids short (<60cm)  Reaching aids standard (55-70cm)  Reaching aids medium (70-89cm)  Reaching aids long (+90cm) |  |
| Adaptive kitchens aids | | Jar-opener  Bottle-opener  Can opener  Food preparation system |  |
| Other Equipment List items | | Specify: |  |
| **Eating and drinking aids category** | | **Dimensions, product size and specifications** | **Equipment list code** |
| Eating and drinking | | Bowl  Plate  Cup |  |
| Adaptive cutlery | | Fork  Knife  Spoon |  |
| Non-slip mats (Dycem) | | Rectangular  Round  Large |  |
| Other Equipment List items | | Specify: |  |
| **Clothing and dressing aids category** | | **Dimensions, product size and specifications** | **Equipment list code** |
| Dressing/stocking aids | | Sock/stocking donner  Elastic shoe laces  Shoe horn  Button hook  Other, specify: |  |
| Compression garments | | Closed toe  Open toe  Thigh length  Socks  Gloves |  |
| Cast/dressing protector | | Upper limb  Lower limb  Short  Long |  |
| Other Equipment List items | | Specify: |  |
| **Building fixtures category** | | **Dimensions, product size and specifications** | **Equipment list code** |
| Rails (includes installation)  \*Orders without home visit diagrams will not be considered | | Specify rail details:  Location:  Indoors  Outdoors  Bath tub  Shower recess  Steps |  |
| Ramps/platform steps (includes installation)  \*Orders without home visit diagrams will not be considered | | Specify ramp/platform step details:  Location: |  |
| **Walking and mobility aids category** | | **Dimensions, product size and specifications** | **Equipment list code** |
| Walking/pick-up frame | | Specify:  2-wheel  3-wheel  4-wheel |  |
| Axilla/underarm crutches | | Specify: |  |
| Gutter frame / crutch | | Specify: |  |
| Adjustable elbow/forearm crutches | | Specify: |  |
| Walking stick adjustable | | Specify: |  |
| Accessories for above: | | Specify: |  |
| Other Equipment List items | | Specify: |  |
| **Lifting and transfer category** | | **Dimensions, product size and specifications** | **Equipment list code** |
| Transfer belt | | Specify: |  |
| Transfer board | | Specify: |  |
| Swivel transfer aids | | Specify: |  |
| Transfer pads, sheets and tubes: | | Specify: |  |
| **Small stock category** |  | **Dimensions, product size and specifications** | **Equipment list code** |
| Theraband | | Colour : |  |
| Hand Putty | | Colour : |  |
| Digiflex | | Colour: |  |
| Braces and supports | | Specify: |  |
| Scar management | | Kelo-cote scar gel 6g  Mepiform 4cm X 30cm  Mini massager |  |
| OtherEquipment List items | | SSpecify: |  |

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

**CONTINUED ON THE NEXT PAGE**

1. Hire items

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

NOTE FOR EQUIPMENT SUPPLIER: The hire is only pre-approved for the dates outlined below. The equipment supplier must notify the TAC equipment team if the hire is required beyond the pre-approved hire end date. A copy of the HDOF and continued requested hire period must be sent to [equipbroker@tac.vic.gov.au](mailto:equipbroker@tac.vic.gov.au). Failure to submit the request for an extension beyond the pre-approved hire period may result in non-payment of invoices

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 |
| /       / |  | /      / |

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| **Product description *please tick*** | **Dimensions, product size, specifications** | **Equipment supplier code** |
| Basic wheelchair standard/manual (under $500 for the duration of the hire period?) *hire only* | Self-propel  Attendant-propel  Standard (18”)  Amputee setting  Bariatric  Other width (12”-20”) Specify: |  |
| Wheelchair accessories *hire only* | Elevating leg rest  Left  Right  Arm rests  Removable  Full-length  Stump support |  |
| Knee scooter *hire onl*y | Specify: |  |
| Basic mobile shower commode (under $500 for the duration of the hire period?) *hire onl*y | Self-propel  Attendant-propel  Bariatric  s*pecify* :       ­­­  Foot plate/leg extension = Left  Right |  |
| Portable ramps *hire only* | Type:       Length : |  |
| Day Chair – adjustabl*e hire only* | Type:        Bariatric |  |
| Pressure cushion *hire only* | Jay Easy - size: |  |
| Other HDEL items | Specify: |  |

1. Customised equipment – up to $500.00 per item

NOTE: Customised equipment that exceeds $500.00 cannot be ordered directly with the equipment supplier on this form. Approval for these items must be obtained from the client’s Claim Manager by submitting the Assistive Technology Assessment and Recommendations form to the TAC.

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| **Product description (brand, code)** | **Dimensions, size specifications, client requirements** |
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1. 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