



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](#)

Rehabilitation Appliances Program (RAP) and other government services (such as the National Disability Insurance Scheme (NDIS), Home Care Package or Commonwealth Home Support Program (CHSP)) – Aids, appliances and modifications can be provided by RAP or other government services, such as NDIS/Home Care Package/CHSP, as long as the same aid/appliance/modification is not duplicated by both RAP and NDIS/Home Care Packages/CHSP.

For any queries, please contact the DVA Provider Hotline on 1800 550 457 and select Option 1 for the RAP.

Note: Prescriptions should be reviewed regularly.

Is this an **urgent** request for home oxygen?
E.g. post-hospital discharge supply No Yes → If Yes, please contact ONE of the suppliers listed on the last page of this form.

Client Delivery Details

Surname

Given names

Address
 Postcode

Phone number () Date of birth

DVA file number

Card type Gold → Forward the completed form to ONE of the contracted suppliers listed on this form.
 White → Please contact DVA on **1800 550 457** or email RAPGeneralEnquiries@dva.gov.au to check eligibility under the client's Accepted Disability(ies). Please specify the medical condition(s) on this form.

Delivery address (if different to above)
 Postcode

Prior Approval number (when required and issued by DVA)

Does the client live in a Commonwealth funded Residential Aged Care Facility (RACF)? No Yes → If Yes, ongoing oxygen treatment will be provided by the RACF under the *Aged Care Act 1997*, and **not** through DVA. Please check the [Aged Care Eligibility Matrix](#) for aids/appliances that can be provided in a RACF.

Specialist Physician/Respiratory Clinic Details (for Home Medical Oxygen Therapy)

In accordance with DVA RAP National Guidelines, where a respiratory physician, cardiologist, oncologist or other DVA approved medical practitioner is not available for personal endorsement, a verbal endorsement is acceptable provided that the name, address and other details are provided. As per the RAP Schedule, only Specialists or Respiratory Clinics may prescribe oxygen.

<i>Prescriber's Stamp (if applicable)</i>	Speciality		
	Name		
	Address (Including Postcode)		
		Postcode	
	Provider number		
	Phone number	()	
	Fax number	()	
	Email		
	Signature	/ /	

Other Assessing Health Provider Details (for Respiratory Home Therapy Appliances)

<i>Prescriber's Stamp (if applicable)</i>		<input type="checkbox"/> GP/LMO	<input type="checkbox"/> Physio	<input type="checkbox"/> RN
	Name			
	Address (Including Postcode)			
		Postcode		
	Provider number			
	Phone number	()		
	Fax number	()		
	Email			
	Signature	/ /		

Home Medical Oxygen Therapy

Medical Conditions

- | | |
|--|--|
| <input type="checkbox"/> Chronic Obstructive Pulmonary Disease | <input type="checkbox"/> Interstitial Fibrosis |
| <input type="checkbox"/> Pulmonary Hypertension | <input type="checkbox"/> Sleep Apnoea |
| <input type="checkbox"/> Ischaemic Heart Disease | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Cardiac Failure | <input type="checkbox"/> Malignancy |
| <input type="checkbox"/> Other - specify | |

Indications for Oxygen Therapy

Chronic Hypoxia

Arterial Blood Gases at rest on room air (while on optimised treatment during a stable phase of the illness).

Date

PaO₂ mm Hg pH PaCO₂ mm Hg


Nocturnal Hypoxaemia

Nocturnal oxygen saturation (for nocturnal hypoxaemia only). %

Exertional Hypoxaemia

Clients are exercised on room air (step or timed walk). Exercise is then repeated with oxygen, keeping saturation above 90%. Measurements include SaO₂, distance or steps walked and duration of exercise.

Date

	Room Air Only	Using Supp O ₂
O ₂ flow (L/min)		<input style="width: 80px;" type="text"/>
Rest (SaO ₂)	<input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>
End exercise (SaO ₂)	<input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>
Distance (m) / Steps completed	<input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>
Exercise duration (Mins)	<input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>

Cardiac Disease

Does the client suffer from end stage cardiac disease for which no further interventions are feasible?

- Yes No

Palliative

Does the client suffer from cancer and have hypoxia from lung involvement, and have an estimated life expectancy of less than six months?

- Yes No

If a client's condition falls outside of RAP National Guidelines for home oxygen therapy, please briefly outline any exceptional circumstances.

Requested Supply System

Long Term Oxygen Therapy

- Concentrator
- Is there a high risk of prolonged electrical blackout?
- Yes → If Yes, a back up cylinder may be provided.
- No

Ambulatory Oxygen (Ensure Exertional Hypoxaemia information is completed)

- Cylinders OR Portable Oxygen Concentrator
- Oxygen conserving device OR Flow meter/Regulator
- Carry bag OR Trolley

An ambulatory test may be performed using the equipment that is requested. Please provide details on recommended settings below.

Oxygen Prescription

- Flow
- At rest l/min
- Exercise l/min
- Sleep l/min
- Hours per day
- Flow during Asthma attack l/min ▶ Mask OR Prongs

Please state any further instructions

Respiratory Home Therapy Appliances

- | | |
|---|---|
| <input type="checkbox"/> Humidifier/Vaporiser (AY03) | <input type="checkbox"/> Volumatic Spacer (AY15) |
| <input type="checkbox"/> Nebuliser (AY05) | <input type="checkbox"/> Oxygen consumables and accessories (AY16) |
| <input type="checkbox"/> Peak flow meter (AY07) | <input type="checkbox"/> Flutter Valve (Lung Mucous Clearing Device) (AY18) |
| <input type="checkbox"/> Respiratory suction apparatus (AY12) | <input type="checkbox"/> Inspiratory muscle respiratory trainer (AY20) |
| <input type="checkbox"/> Other - please specify | |

Select the Supplier

- Air Liquide Healthcare
- BOC

DVA Rehabilitation Appliances Program
Contracted Suppliers of Respiratory Home Therapy Appliances and
Home Medical Oxygen Therapy
Effective 1 September 2012

<i>Supplier</i>	<i>National Phone</i>	<i>National Fax</i>	<i>Email</i>
AIR LIQUIDE Healthcare (ALH)	1300 360 202	1800 254 329	alhdva.orders@airliquide.com
BOC	1800 050 999	1800 624 149	dva@boc.com

**Prescribers are reminded that the choice of supplier is theirs.
The alphabetical listing above is for administrative ease only.**

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