



Recliner Chair Assessment Form

RAP Mobility & Functional Support Products

▶ Recliner Chairs require DVA prior approval ◀

Provider Hotline Number: 1300 550 457 (metro) 1800 550 457 (country) - choose Option 1 for Aids & Appliances provided under the Rehabilitation Appliances Program (RAP).

This form is to be used for requesting items through the Rehabilitation Appliances Program. For prior approval items, please attach clinical justification or use DVA specified forms.

The provider is responsible for ensuring that the client 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 client's local medical officer.

Supplier choice: Aidacare Allianz Global Assistance Country Care Group ParaQuad

Provider Details

OT PT LMO Other (Specify Profession)

Provider Stamp (if applicable)	Name	<input style="width: 95%;" type="text"/>	
	Provider number	<input style="width: 95%;" type="text"/>	
	Employer	<input style="width: 95%;" type="text"/>	
	Address	<input style="width: 95%;" type="text"/>	
		POSTCODE <input style="width: 100px;" type="text"/>	
	Phone number	[<input style="width: 50px;" type="text"/>]	Fax [<input style="width: 50px;" type="text"/>]
	Mobile number	<input style="width: 95%;" type="text"/>	
E-mail	<input style="width: 95%;" type="text"/>		

Entitled Person/Delivery Details

Surname	<input style="width: 95%;" type="text"/>	
Given name(s)	<input style="width: 95%;" type="text"/>	
Date of birth	<input style="width: 100px;" type="text"/> / <input style="width: 30px;" type="text"/> / <input style="width: 30px;" type="text"/>	
DVA file number	<input style="width: 95%;" type="text"/>	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Card type	<input type="checkbox"/> Gold <input type="checkbox"/> White - please contact DVA to check eligibility under the client's Accepted Disability(ies). Please call 1300 550 457 (as above).	
Does the entitled person live in a Residential Care Facility?	<input type="checkbox"/> No <input type="checkbox"/> Yes - what category of care? <input type="checkbox"/> Low 5 - 8 <input type="checkbox"/> High 1 - 4 (refer to DVA)	
Does the entitled person receive help under the EACH package?	<input type="checkbox"/> No <input type="checkbox"/> Yes - please contact DVA	
Entitled person's contact phone number	[<input style="width: 50px;" type="text"/>]	Alternative contact No. [<input style="width: 50px;" type="text"/>]
Residential address	<input style="width: 95%;" type="text"/>	
	POSTCODE <input style="width: 100px;" type="text"/>	
Delivery address (if different to above)	<input style="width: 95%;" type="text"/>	
	POSTCODE <input style="width: 100px;" type="text"/>	

Surname

DVA File number

Note: The sit to stand task has been described as essential for independent living. Impairment in this area is often associated with impairment in ADLs and mobility which can lead to institutionalisation. It is therefore important that active performance of this function is maintained as long as possible.

Prolonged reclining can result in weakened spinal stability muscles, potentially exacerbating back pain. For the elderly, reclining can also have negative effects on vestibular, circulation (BP) and respiratory systems. Hence the prescription of Electric Lift Recliners Chairs should only be made after careful assessment, trial of simpler options and consideration of remedial therapy to restore/maintain physical function.

Diagnosis/Medical History/Prognosis

Diagnosis

Specify period post surgery/hospital admission

Is the beneficiary's ability likely to improve with treatment or time (e.g. post THR)?

No Yes

Is the beneficiary under palliative care?

No Yes

Is there a clinical need to elevate the legs?

No Yes

Comments

Social Situation

Does the Beneficiary live:

alone accompanied - what is the carer's general health and ability to assist?

Where does the Beneficiary live?

House/Unit Retirement village

Other - please specify

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Clinical and Functional Assessment

Please describe Upper Limb Function (dexterity, strength, co-ordination)

Surname

DVA File number

Please describe Lower Limb Function (*range of movement, strength, balance*)

Is Physio/Exercise Physiologist strengthening/maintenance program received/arranged?

No

Yes ► Please describe

Is this request supported by the veteran's Physiotherapist?

No

Unsure

Yes ► Attach evidence

Please describe mobility indoors and outdoors (*include mobility aids used and distance*)

Personal ADL

Describe community access

Activity levels and sitting tolerance/regimen (*describe the person's daily activity pattern and use of any footstool*)

Has a Homefront assessment been completed?

No

Yes

Unsure

Surname DVA File number **Transfers**

	<i>Independent</i>	<i>Aids Used</i>	<i>Assisted</i>
Bed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toilet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shower Seat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▼ Is the Beneficiary currently driving? No <input type="checkbox"/> Yes <input type="checkbox"/>			

Current seating & transfer skills

<i>Chair type/location</i>	<i>Condition of chair</i>	<i>Compressed seat height</i>	<i>Seat depth</i>	<i>Can the person independently transfer from this chair?</i>
				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 person safely transfer from these chairs?

No Yes

Has the Beneficiary had falls whilst transferring?

No Yes

Comments

Beneficiary'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**Clinical Justification for Recliner Chair**

Please describe chair transfers
(include any assistance required, upper limb function and lower limb function)

Surname

DVA File number

Strategies considered to improve chair transfers

Platform/blocks to raise existing chair

Adjustable height chair

Other

Does the person have a clinical condition that results in the need to frequently change position whilst seated to manage pain levels?

(NB strategies considered standing, recline on a lounge/bed, back supports, cushions)

No

Yes ▶ Please outline the clinical basis

If recliner is required for sleeping, comment on the bed modifications trialled.

(Comment on bed mods trialled, height, back rest, cushions, pressure mattress, adjustable hospital bed)

Assessment of Ability to Operate a Recliner Chair

Does the beneficiary have adequate physical skills to safely operate the chair?

No Yes

Does the beneficiary have 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 client has been clinically assessed and that the RAP National Schedule of Equipment and RAP National Guidelines have been taken into account.

Signature

Date

Surname

DVA File number

Recommendations (DVA use only)

Trial AC09 DVA contracted manual recliner chair: lever Push back

Trial AC06 DVA contracted electric lift recliner Chair recommended

Other recommendation

Hand controls: Right Left

Additional Requirements (e.g. cushioning, pressure care, back support)

Trial Outcome (DVA Use only)

Chair code

Supplier

OT review required? No

Yes Date