



# Application for Home Medical Oxygen Therapy and/or Respiratory Home Therapy Appliances

The prescriber 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.

**For any queries regarding the completion of this form please contact the DVA's Rehabilitation Appliances Program Section on 1300 550 457 (metro) or 1800 550 457 (country) and select Option 1.**

## Patient/Entitled Person - Delivery Details

Surname

Given names

Address  Postcode

Phone number ( )  Date of birth  Gender  Male  Female

DVA file number

Card type  Gold  White → For White Card holders it is recommended that the prescriber contacts DVA to check eligibility under the patient's Accepted Disability(ies). Please call **1300 550 457** (metro) or **1800 550 457** (country).

Delivery address (if different to above)  Postcode

Prior Approval number (when required and issued by DVA)  Does the patient 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.

## Specialist Physician Details (for Home Medical Oxygen Therapy Applications)

**In accordance with DVA Guidelines for Prescribers, 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.**

<i>Prescriber's Stamp (if applicable)</i>	Speciality	<input type="text"/>
	Name	<input type="text"/>
	Address (Including Postcode)	<input type="text"/>
	Provider number	<input type="text"/>
	Phone number	( ) <input type="text"/>
	Fax number	( ) <input type="text"/>
	Signature	/ /

## Local Medical Officer Details

**This section should be completed when possible.**

<i>Prescriber's Stamp (if applicable)</i>	Name	<input type="text"/>
	Address (Including Postcode)	<input type="text"/>
	Provider number	<input type="text"/>
	Phone number	( ) <input type="text"/>
	Fax number	( ) <input type="text"/>
	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"/> Polycythaemia         |
| <input type="checkbox"/> Ischaemic Heart Disease               | <input type="checkbox"/> Asthma                |
| <input type="checkbox"/> Cardiac Failure                       | <input type="checkbox"/> Lung 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

PaO<sub>2</sub>  mm Hg    pH     PaCO<sub>2</sub>  mm Hg

#### Isolated Nocturnal Hypoxaemia

Nocturnal oxygen saturation (for isolated nocturnal hypoxaemia only).  %

#### Exertional Hypoxaemia

Patients are exercised (step or timed walk) until they reach oxygen desaturation of 90%. Exercise is then repeated with oxygen with a goal of exceeding number of steps or distance walked and keeping saturation above 90%. Measurements include SaO<sub>2</sub>, distance or steps walked and duration of exercise.

Date

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

#### Acute Asthma

Does the patient suffer from sudden life threatening asthma despite appropriate maintenance therapy?

Yes     No

#### Cardiac Disease

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

Yes     No

#### Palliative

Does the patient suffer from lung cancer and have an estimated life expectancy of less than six months?

Yes     No

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


## Requested Supply System

- Concentrator
- Back up cylinder (for blackout prone areas)
- E or D size (690L or nearest equivalent)

**NOTE:** The following portable cylinders will normally only be provided if oxygen is required for less than 4 hours per day or if the patient has the ability to mobilise. Cylinder sizes are provided as a guide and where these sizes are not available should reflect their nearest equivalent.

- Portable oxygen →  160L     250L     480L
- Oxygen conserving device AND/OR  Flow meter/Regulator
- Carry bag AND/OR  Trolley

## Oxygen Prescription

- Flow Rate
- At rest  l/min
- Exercise  l/min
- Sleep  l/min
- Hours per day Oxygen is required
- Flow rate during Asthma attack  l/min →  Mask OR  Prongs

### Please state any further instructions


## Respiratory Home Therapy Appliances

### Provider Details

- Respiratory Clinic     Specialist     LMO     RN
- Physio

- |  |   |
|--|---|
| <input type="checkbox"/> Room vaporiser                | <input type="checkbox"/> Volumatic spacer                       |
| <input type="checkbox"/> Nebuliser                     | <input type="checkbox"/> Flutter valve                          |
| <input type="checkbox"/> Peak flow meter               | <input type="checkbox"/> Inspiratory muscle respiratory trainer |
| <input type="checkbox"/> Respiratory suction apparatus | <input type="checkbox"/> Other - please specify                 |

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### Please specify medical conditions to be treated (e.g. if client is a White Card holder)


**DVA Rehabilitation Appliances Program**

**Contracted Suppliers of Respiratory Home Therapy Appliances and Home Medical Oxygen Therapy  
Effective 1 September 2012**

<i>Supplier</i>	<i>Location</i>	<i>Phone</i>	<i>Fax</i>
<b>AIR LIQUIDE Healthcare (ALH)</b>	National Phone	1300 360 202	
	NSW/ACT		(02) 9364 7476
	QLD		(02) 9364 7497
	SA		(02) 9364 7477
	VIC/TAS		(02) 9364 7482
	WA/NT		(08) 9312 9757
<i>Supplier</i>	<i>National Phone</i>	<i>National Fax</i>	
<b>BOC</b>	1800 050 999	1800 624 149	

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

**PLEASE DO NOT FAX THIS PAGE**