



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 (07) 3223 8623.**

## Patient/Entitled Person - Delivery Details

Surname	<input type="text"/>		
Given names	<input type="text"/>		
Address	<input type="text"/>		Postcode <input type="text"/>
Phone number	( <input type="text"/> ) <input type="text"/>	Date of birth <input type="text"/> / <input type="text"/> / <input type="text"/>	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
DVA file number	<input type="text"/>		
Card type	<input type="checkbox"/> Gold <input type="checkbox"/> 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 <b>133 254</b> (nearest State Office) or <b>1300 131 945</b> (interstate).		
Delivery address (if different to above)	<input type="text"/>		Postcode <input type="text"/>
Prior Approval number (when required and issued by DVA)	<input type="text"/>	Does the patient live in a Commonwealth funded Residential Aged Care Facility (RACF)?	<input type="checkbox"/> No <input type="checkbox"/> Yes → If Yes, ongoing oxygen treatment will be provided by the RACF under the <i>Aged Care Act 1997</i> and <b>not</b> through DVA.

## Specialist Physician Details

**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	<input type="text"/>	
		Postcode <input type="text"/>	
	Provider number	<input type="text"/>	
	Phone number	( <input type="text"/> ) <input type="text"/>	
	Fax number	( <input type="text"/> ) <input type="text"/>	
Signature	<input type="text"/> / /		

## Local Medical Officer Details

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

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

## 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 or otherwise have a 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    OR     Flow meter/Regulator
- Carry bag    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


## Fax the completed form to:

<b>South Australia</b>	Daw Park Repatriation Hospital (08) 8277 9401 Wymedical (08) 8338 6022 BOC Limited 1800 624 149 ALH (08) 8331 1849
<b>Broken Hill</b>	Wymedical (08) 8338 6022 ALH (08) 8331 1849
<b>Western Australia</b>	BOC Limited 1800 624 149
<b>Tasmania</b>	BOC Limited 1800 624 149
<b>Northern Territory</b>	BOC Limited 1800 624 149
<b>Queensland</b>	ALH (07) 3252 4850
<b>NSW / ACT</b>	ALH (02) 8338 9797
<b>Victoria</b>	ALH via Austin Health (03) 9496 3723