EnableNSW
Power Lift Chair
Equipment Request Form

When to use this form
Use this form if you cannot submit this request using EnableNSW Online.

Find out more at www.enable.health.nsw.gov.au/online

Filling in this form
You can complete this form on your computer or print and sign it. If you need to print this form ensure you:

- Use blue or black pen
- Print in BLOCK LETTERS
- Sign the prescriber declaration

If you need to request multiple items, from different equipment categories, ensure you submit the request forms together

Eligibility
An EnableNSW application form is required to assess a person's eligibility. A new application form is required every two years **OR** if the person's circumstances change. Application forms can be accessed online at www.enable.health.nsw.gov.au/for_individuals/applying-to-EnableNSW. If we do not have an application form at the time of reviewing this request, the request may go on hold and delay the outcome.

Important information before making this request
- You must be an eligible prescriber for this type of equipment **AND**,
- The equipment requested must meet the applicable funding criteria. You can read more about this at www.enable.health.nsw.gov.au/prescribers/forms
- You must include the relevant stock/contract code for the equipment you are requesting
- If you are requesting an item not available through stock/contract you must contact the EnableNSW Clinical Advisor team before submitting the request

Equipment selection and trials
Standard stock equipment from the Equipment Allocation Program (EAP) is available **statewide** and does not require a trial, no matter where the person lives in NSW. If an item on the online catalogue has a green 'stock' banner, you can request this item without completing a trial with the person. All stock items will have a SKUID which you can add to section **F. Equipment recommendation**. All other self-care and mobility items that do not have a stock banner will require a trial.

For more information
Go to our website www.enable.health.nsw.gov.au or call us on 1800 Enable (1800 362 253)

Privacy
We collect your personal information and the health information of patients to allow EnableNSW to manage and provide its services. This allows us to:

- Assess your eligibility to prescribe assistive technology in accordance with the relevant funding criteria
- Contact you if more clinical information is required about the request, as well as provide status updates about the request
- Share contact details with a supplier if additional support is required for set up of equipment when necessary.

If you would like to view or make changes to your information, please send an email to enable@health.nsw.gov.au or call 1800 Enable (1800 362 253).

A. Request type

☐ New request ☐ Amendment to existing request

Are there other/additional equipment request forms being submitted for this person?

☐ No – the person does not require any additional items and no other requests are being submitted

☐ Yes – the person requires additional items and I will be completing the relevant forms for those Items

Date of assessment/review for this equipment D D/M M/Y Y Y Y

B. Person Information

1. Person details

Title | First name | Surname

Date of birth D D/M M/Y Y Y Y

Medicare card number | Ref no.

Person's address

State Postcode

2. Delivery details

Where will the equipment be delivered to? *Select ONE option*

☐ Person's address

☐ Other, please specify where the equipment will be delivered

Contact name | Contact phone number ( )

Delivery address (if not person's address)

State Postcode

If applicable, confirm the person's hospital or TCP discharge date D D/M M/Y Y Y Y

If applicable, provide any special delivery instructions

Is there equipment that needs to be collected? *Select ONE option*

☐ Yes

☐ No

C. Diagnosis

3. What is the primary diagnosis in relation to the requested equipment?

4. Provide other relevant diagnosis/co-morbidities

D. Weight

5. Provide the person's weight in kilograms (kgs):

E. Equipment category

6. What equipment are you requesting? *Select all items being requested:*

☐ Power lift chair

F. Equipment recommendation

7. For replacement requests complete the following: *Select N/A if new request*

☐ N/A – This equipment has not previously been funded by EnableNSW

☐ Current equipment is no longer clinically appropriate

☐ Current equipment is beyond repair and unsafe to use

☐ Current equipment is due for replacement due to age and general wear and tear

8. **Provide brand/model, supplier details, price for the requested equipment**

You must attach an itemised quote for all non-stock or non-contract items in this request

Note: Other = Non-stock & non-contract equipment

Equipment – specifications required	Equipment type	Stock SKUID/ Contract/ Quote number	Preferred supplier details	Qty	Cost (inc GST & delivery)
	☐ Stock ☐ Contract ☐ Other				$
	☐ Stock ☐ Contract ☐ Other				$
	☐ Stock ☐ Contract ☐ Other				$
	☐ Stock ☐ Contract ☐ Other				$
	☐ Stock ☐ Contract ☐ Other				$

9. **Confirm any requested non-contract equipment complies with the relevant Australian or International Standards and/or has Therapeutic Goods Administration (TGA) registration (class 1 medical devices):** *Select ONE option*

☐ N/A – I have selected stock/contract equipment

☐ Yes

☐ No

G. Equipment goals

10. **Confirm the person requires the transfer equipment to:** *Select all that apply*

☐ Improve safety and/or independence when completing transfers within the home

☐ Improve safety for the person and their carer when assisting with transfers

☐ Manage positioning and/or pressure care needs

H. Current function

11. **How does the person transfer?** *Select ONE option*

☐ Independently with/without equipment - specify type of transfer equipment below (if applicable)

☐ With assistance of a carer with/without equipment - specify type of transfer equipment below (if applicable)

☐ With total assistance - specify type of transfer equipment below (if applicable)

12. How does the person mobilise: *Select ONE option*

- ☐ Walks independently without equipment
- ☐ Walks independently with equipment - specify type of mobility equipment below (if applicable)
- ☐ Walks with assistance of a carer with/without equipment - specify type of mobility equipment below (if applicable)
- ☐ Independently uses a wheelchair – specify type (power or manual) below
- ☐ Carer assistance to use a wheelchair (attendant propelled) – specify type (power or manual) below
- ☐ Unable to walk / bedbound

I. Equipment justification: non-contract equipment

If you have not contacted a Clinical Advisor prior to submitting a request for non-contract equipment, there may be a delay in providing an outcome pending further EnableNSW review

13. **Provide additional clinical justification why stock/contract equipment does not meet the person's specific clinical need and how the non-stock / non-contract item is more suitable**. *Type N/A if requesting stock or contract equipment*

J. Equipment justification: power lift chair

14. Is the person able to walk indoors with/without equipment: *Select ONE option*

- ☐ Yes
- ☐ No

15. Has a suitable height chair with armrests been trialled? For example, furniture of an appropriate height or raised height: *Select ONE option*

- ☐ Yes – person is unable to stand from a suitable height surface/chair
- ☐ Yes – personis able to stand from a suitable height surface/chair – provide details below
- ☐ No – provide details why an appropriate height chair has not been trialled

16. Did the trial of the power lift chair demonstrate safe and independent transfers for the person with/without supervision? *Ensure duration of trial is suitable for intended use. Select ONE option*

- ☐ N/A – I have selected a stock/clearance item
- ☐ N/A – the power lift chair has not been trialled
- ☐ Yes – provide detail of trial outcomes below, including duration and location
- ☐ No – provide details why the trial of the requested equipment did not achieve safe and independent transfers

17. Does the person require leg elevation to manage oedema that is not adequately managed through other strategies e.g. compression garments, use of a foot stool and/or leg elevation in bed: *Select ONE option*

- ☐ N/A – I am requesting a power lift chair for independent transfers
- ☐ Yes – provide details of current strategies to manage oedema and outcomes of these strategies below
- ☐ No – provide clinical justification why the person requires the power lift chair below

18. Has the person received a tilt-in-space wheelchair with seating for daytime use or community access from EnableNSW? *Select ONE option*

- ☐ N/A – I am not requesting a power lift chair for positioning
- ☐ Yes
- ☐ No

K. Trial outcomes

19. Was a trial of the requested equipment completed? *Select ONE option*

Note that contract equipment (not available in stock) and non-contract equipment must be trialled.

- ☐ N/A – I have selected stock equipment
- ☐ Yes – provide details of trial outcomes below
- ☐ No – provide information why a trial was not completed below

L. Compatibility

20. Confirm the equipment is compatible with the: *Select all that apply*

- ☐ Current equipment being used
- ☐ Environment of use
- ☐ Person's weight

M. Safe use, care and maintenance

21. Confirm the person and/or family/carer will receive education in the: *Select all that apply*

- ☐ Safe use of the requested equipment
- ☐ Correct care and maintenance of the requested equipment

Go to next page and complete Section N. Prescriber eligibility and declaration

N. Prescriber eligibility and declaration

22. Prescriber eligibility

Confirm you have assessed the person and have the qualification and level of experience to prescribe this equipment in line with the relevant EnableNSW Funding Criteria and Professional Criteria for Prescribers.

☐ Yes ***Go to question 23***

☐ No – I do not have the level of experience to prescribe this type of equipment as required by the funding criteria.

The assessment of the person and equipment request has been supervised by an eligible EnableNSW prescriber.
Provide your supervisor's name and email address

Supervisor's name _____ Supervisor's email _____

23. Prescriber declaration

I confirm the following:

- The person/carer agrees with this request
- A copy of this request will be provided to the person/carer
- As a health professional, I cannot also be the equipment supplier for the same request. This may include but is not limited to a personal or professional relationship with or material interest in the supplier or manufacturer of the equipment listed on this request

I declare that:

- I have the qualification and experience to prescribe this equipment or, I have been supervised by an eligible EnableNSW prescriber for this type of equipment
- All information I have supplied on this application is true and correct to the best of my knowledge at the time of assessment

Prescriber information:

Prescriber name _____

Place of work _____

Address _____

State _____ Postcode _____

Qualification _____ AHPRA registration number _____

Phone number ( ) _____ Email _____

Signature _____ Date D D/M M/Y Y Y Y

24. Other contacts (optional)

Complete this question if you would like to provide details of any other relevant health professionals who will be involved with the management and monitoring of the person's condition

Other contact 1

Name _____

Place of work _____

Address _____

State _____ Postcode _____

Qualification _____ AHPRA registration number _____

Phone number ( ) _____ Email _____

Other contact 2

Name _____

Place of work _____

Address _____

State _____ Postcode _____

Qualification _____ AHPRA registration number _____

Phone number ( ) _____ Email _____

Submitting this request

Submit this form and any relevant clinical documentation to enable@health.nsw.gov.au, please include the following in your subject line **Equipment type_Person name_Date submitted** *i.e Power Lift Chair request_John Smith_01.01.2022*