



WORKSAFE VICTORIA

HOSPITAL DIRECT - EQUIPMENT ORDER FORM

Oct 2008

Important Notes for Completing this Form

Equipment ordered is only for use as an outpatient.
 Equipment for use during an inpatient stay is the responsibility of the hospital.
 To ensure your order is processed without delay, please consider the following:

Have you

- Quoted an **accepted** WorkSafe claim number
- Identified level of urgency
- Completed all fields under injured worker details
- Identified customisation details where required
- Identified length of time equipment is required for hire items
- Completed all therapist contact details
- Completed all delivery details
- Ensured both pages are attached when processing

What You Need to Do

- The equipment listed on this form is commonly required to ensure a patient's safe discharge. Requests for other equipment need to be made in writing to the WorkSafe Agent. Please do not add equipment to this form.
- Refer to the WorkSafe Equipment Contractors business websites (available from www.worksafe.vic.gov.au) for full details of equipment listed on this form.
- Timeframes to supply discharge equipment are based on business work hours from receipt of the order. Please consider the injured worker's home location, installation needs for equipment and the effect of weekends and public holidays before selecting the level of urgency.
- For all substituted orders, outside of catalogue items (i.e. different brand) will automatically be placed as a Customised (delivery by notification) request.
- For rehabilitation patients, where discharge planning is an ongoing process, please submit this form as soon as possible.
- Refer to WorkSafe's website www.worksafe.vic.gov.au for the list of WorkSafe Equipment contractors details.

How to Order

- Orders can be placed directly with one of WorkSafe's Equipment Contractors. For ordering details please refer to www.worksafe.vic.gov.au

1. Injured Worker's Details		
Name	Claim No.	
<input type="text"/>	<input type="text"/>	
Address	Date of Birth	Date of Injury
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> Postcode	Telephone No.	Mobile No.
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="text"/>	<input type="text"/>
Delivery Details (if different from injured worker's details)	Delivery Contact Name	
Department	<input type="text"/>	
Delivery Address	Contact Telephone No.	
<input type="text"/>	<input type="text"/>	
<input type="text"/> Postcode		

2. Order Details
Date and Time lodged with WorkSafe Equipment Contractor
<input type="text"/>
Name of Hospital
<input type="text"/>
Proposed Discharge Time and Date
<input type="text"/>

3. Therapist Details

Therapist Name

Therapist Telephone No.

Therapist Fax No.

Therapist Email

4. Level of Urgency

Level 1: with 8 business hours

Level 3: 3-10 business days

Level 2: 8-16 business hours

Level 4: Customised (delivery by notification)

Please Note: 'Business hours' refers to Monday - Friday, 9am - 5pm

5. Equipment Supply Details

Product Description <i>please tick</i>	Dimensions, Product Size and Specifications		
<input type="checkbox"/> Over Toilet Frame <i>adjustable</i>	Seat Height Available (49cm - 61cm) Specify Size <input type="text"/>		
<input type="checkbox"/> Splash Guard <i>over Toilet aid</i>			
<input type="checkbox"/> Urinals	<input type="checkbox"/> Standard	<input type="checkbox"/> Male, Non-spill	
<input type="checkbox"/> Toilet Surround Frame			
<input type="checkbox"/> Bedside Commode <i>Adjustable</i>	Pan & Lid included		
<input type="checkbox"/> Bed Poles	<input type="checkbox"/> Double Bed	<input type="checkbox"/> Single Bed	<input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Both Sides
<input type="checkbox"/> Medical Sheepskin <i>one size only</i>			
<input type="checkbox"/> Bath Board	<input type="checkbox"/> Basic (4 slats)	<input type="checkbox"/> Standard (5 slats)	<input type="checkbox"/> Raised (40mm, 70mm or 90mm) Specify Size <input type="text"/>
<input type="checkbox"/> Bathtub Grab Rail			
<input type="checkbox"/> Push on Shower Hose <i>self install</i>	<input type="checkbox"/> Single (1.25m) <input type="checkbox"/> Double (1.25m)	<input type="checkbox"/> Single (2m) <input type="checkbox"/> Double (2m)	
<input type="checkbox"/> Handheld Shower	<input type="checkbox"/> Installation	<input type="checkbox"/> Single (1.3m)	<input type="checkbox"/> Extension 2m Hose
<input type="checkbox"/> Switchcock	<input type="checkbox"/> Installation		
<input type="checkbox"/> Non Slip Mats	<input type="checkbox"/> Shower Mat	<input type="checkbox"/> Bath Mat	
<input type="checkbox"/> Shower Chair	<input type="checkbox"/> Adjustable with Arms	<input type="checkbox"/> Dynamic Adjustable	Specify Height <input type="text"/>
<input type="checkbox"/> Shower Stool	<input type="checkbox"/> Adjustable	<input type="checkbox"/> Strapping	<input type="checkbox"/> With Arms Specify Height <input type="text"/>
<input type="checkbox"/> Westgate Bridge Chair			
<input type="checkbox"/> Kitchen Stool <i>adjustable</i>	<input type="checkbox"/> With Arms	<input type="checkbox"/> No Arms	Specify Height <input type="text"/>
<input type="checkbox"/> Kitchen Trolley	<input type="checkbox"/> Wooden Tray	<input type="checkbox"/> Plastic Tray	Specify Height <input type="text"/>
<input type="checkbox"/> Axilla/Underarm Crutches	<input type="checkbox"/> Small	<input type="checkbox"/> Medium	<input type="checkbox"/> Large Injured Worker Height <input type="text"/>
<input type="checkbox"/> Adjustable Elbow/ Forearm Crutches	<input type="checkbox"/> Small	<input type="checkbox"/> Medium	<input type="checkbox"/> Large Injured Worker Height <input type="text"/>
<input type="checkbox"/> Crutches - other	<input type="checkbox"/> Gutter		Injured Worker Height <input type="text"/>
<input type="checkbox"/> Gutter Frame (Easy Walker)	<input type="checkbox"/> Folding-forearm Supports	<input type="checkbox"/> Folding-Pistol Grips	Injured Worker Height <input type="text"/>
<input type="checkbox"/> Gutter Frame (Easy Walker) <i>accessories</i>	<input type="checkbox"/> Glides - Pair	<input type="checkbox"/> Rear Castors - Pair	
<input type="checkbox"/> Walking Frame <i>pick up</i>	<input type="checkbox"/> Adjustable	<input type="checkbox"/> Adjustable-folding <i>specify</i>	Frame Height <input type="text"/> <input type="checkbox"/> Casters <input type="checkbox"/> Gliders (pr) <input type="checkbox"/> Stoppers
<input type="checkbox"/> Walking Stick <i>adjustable</i>	<input type="checkbox"/> T-handle Cane <input type="checkbox"/> Folding	<input type="checkbox"/> T-handle Alum <input type="checkbox"/> Palm Grip	<input type="checkbox"/> Swan <i>specify</i> <input type="checkbox"/> Left <input type="checkbox"/> Right
<input type="checkbox"/> Walking Stick <i>adjustable</i>	<input type="checkbox"/> 4 point (quad)	<input type="checkbox"/> 3 point (pyramid)	
<input type="checkbox"/> Slide Board	<input type="checkbox"/> Beasy	<input type="checkbox"/> Homecraft Curved	<input type="checkbox"/> Beasy Pivot <input type="checkbox"/> Slider
<input type="checkbox"/> Grab Rails	<input type="checkbox"/> Installation of Grab Rails - length marked on wall		<input type="checkbox"/> Yes <input type="checkbox"/> No Specify Quantity <input type="text"/>

6. Substituted Orders - Customised (delivery by notification) up to \$300 per item

Product description (brand, code/s)	Dimensions, size specifications, injured worker requirements

7. Hire Items Only

Hire Period: Victorian Public Hospitals – 30 days post discharge date only Additional Hire Required
 Specify 2 weeks 4 weeks 6 weeks 3 months 6 months other

Hire Period Start Date Hire Period End Date

Product Description <i>please tick</i>	Dimensions, Product Size and Specifications		
<input type="checkbox"/> Wheelchair Standard/Manual <i>hire only</i>	<input type="checkbox"/> Standard (18")	<input type="checkbox"/> Other Widths available (12" – 20")	Specify Seat Width <input type="text"/>
<input type="checkbox"/> Wheelchair Elevating Leg Eest <i>hire only</i>	<input type="checkbox"/> Left	<input type="checkbox"/> Right	
<input type="checkbox"/> Mobile Shower Commode <i>hire only</i>	<input type="checkbox"/> Standard (18") <i>specify</i>	<input type="checkbox"/> Attendant Propelled	<input type="checkbox"/> Self Propelled
<input type="checkbox"/> Bath Transfer Bench Adjustable <i>hire only</i>	Back Rest Rail <input type="checkbox"/> Left <input type="checkbox"/> Right		
<input type="checkbox"/> Portable Ramps <i>hire only</i>	<input type="checkbox"/> Checkerplate Suitcase - 1200mm	<input type="checkbox"/> Checkerplate Suitcase - 1600mm	<input type="checkbox"/> Checkerplate Folding track

8. Small Stock Items

Refer to WorkSafe's website for WorkSafe approved small stock list

Product description	Quantity, specifications

9. Collection of Personal Information

Personal and health information collected by WorkSafe on this form will be used for the purpose of processing your Equipment Order Form, as part of the management of the claim. It may be used for other related purposes including administration and evaluation of WorkSafe's programs.

WorkSafe may disclose any personal and health information it collects to its authorised agents, legal practitioners, contractors, consultants and other service providers engaged by it or by its authorised agents; courts tribunals; the Accident Compensation Conciliation Services, or any other person or organisation authorised by you, or law to obtain it.

Individuals have the right to access their personal information held by WorkSafe. You should contact WorkSafe's Freedom of Information Unit. You can access the WorkSafe privacy policy at worksafe.vic.gov.au.