



# Recliner Chair Assessment Form

## RAP Mobility & Functional Support Products

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

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

**RAP and NDIS** - Aids and appliances can be provided by both DVA, through the Rehabilitation Appliances Program or by the NDIS, through an individual care plan, as long as the same aid/appliance is not provided by both NDIS and DVA.

**Supplier choice:**  Aidacare  Allianz Global Assistance  Country Care Group  BrightSky (formerly ParaQuad)

### Provider Details

OT  PT  LMO  Other (Specify Profession)

<p><b>Provider Stamp</b> (if applicable)</p>	<b>Name</b>	<input style="width: 90%;" type="text"/>
	<b>Provider number</b>	<input style="width: 70%;" type="text"/>
	<b>Employer</b>	<input style="width: 90%;" type="text"/>
	<b>Address</b>	<input style="width: 90%;" type="text"/>
		POSTCODE <input style="width: 100px;" type="text"/>
	<b>Phone number</b>	[ <input style="width: 50px;" type="text"/> ] <input style="width: 50px;" type="text"/> Fax [ <input style="width: 50px;" type="text"/> ] <input style="width: 50px;" type="text"/>
	<b>Mobile number</b>	<input style="width: 70%;" type="text"/>
	<b>E-mail</b>	<input style="width: 90%;" type="text"/>

### Entitled Person/Delivery Details

<b>Surname</b>	<input style="width: 90%;" type="text"/>
<b>Given name(s)</b>	<input style="width: 90%;" type="text"/>
<b>Date of birth</b>	<input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/>
<b>DVA file number</b>	<input style="width: 70%;" type="text"/>
<b>Card type</b>	<input type="checkbox"/> Gold <input type="checkbox"/> White - please contact DVA to check eligibility under the entitled person's Accepted Disability(ies). Please call <b>1300 550 457</b> (as above).
<b>Does the entitled person live in a Residential Aged Care Facility?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes - ACFI Classification not yet assigned <input type="checkbox"/> ACFI Classification <input style="width: 100px;" type="text"/> Does the ACFI classification contain one high domain or two or more medium domain categories? <input type="checkbox"/> No <input type="checkbox"/> Yes (Refer to DVA)
<b>Does the entitled person receive help under Home Care Package Level 4 (formerly EACH)?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes - please contact DVA
<b>Entitled person's contact phone number</b>	[ <input style="width: 50px;" type="text"/> ] <input style="width: 50px;" type="text"/> Alternative contact No. [ <input style="width: 50px;" type="text"/> ] <input style="width: 50px;" type="text"/>
<b>Residential address</b>	<input style="width: 90%;" type="text"/>
	POSTCODE <input style="width: 100px;" type="text"/>
<b>Delivery address</b> (if different to above)	<input style="width: 90%;" type="text"/>
	POSTCODE <input style="width: 100px;" type="text"/>

Surname

DVA File number

**Note:** Sit to stand transfers are essential for independent living. Impairment of this function, associated with impairment in other ADLs and mobility, may lead to greater care needs. It is therefore important to promote and facilitate active, independent sit to stand transfers for as long as possible. Prolonged reclining can result in weakened spinal stability muscles, potentially exacerbating back pain and may have negative effects on the vestibular, circulatory and respiratory systems.

Hence the prescription of an Electric Lift Recliner Chair should only be made after careful assessment, trial of simpler options and consideration of physiotherapy treatment to restore physical function.

**Clinical Justification for Recliner chair**

**Due to a clinical condition, the entitled person:**

Is unable to safely and independently transfer to and from an appropriate height chair

Is unable to sit erect in an appropriate chair

**Diagnosis/Medical History**

**Diagnosis**

  

**Specify period post surgery/hospital admission**  
*(if applicable)*

  

**Is the entitled person under palliative care?**

No  Yes  - (Refer to DVA to confirm necessity of physiotherapy plan)

Comments

  
  

**Physiotherapy Plan - to be completed if physiotherapist is not the prescriber**

**Name**

**Provider number**

**Phone number**

[  ]

Mobile

**Email**

**Summary of Communication** *(treatment goals, home exercises, assessment outcome)*

Surname

DVA File number

**Is there potential for improvement?** No  Yes

Comments


**Is this request supported by the entitled person's Physiotherapist?** No  Yes

**Clinical and Functional Assessment**

**Please describe**  
(Refer to the RAP National Schedule of Equipment, items AC06 and AC09)


**Current seating & transfer skills**

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

No  Yes

Has the entitled person had falls whilst transferring?

No  Yes

Comments


Surname

DVA File number

**Entitled person'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

**Assessment of Ability to Operate a Recliner Chair**

**Does the entitled person demonstrate adequate physical skills to safely operate the chair?**

No  Yes

**Does the entitled person demonstrate 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 entitled person has been clinically assessed and that the RAP National Schedule of Equipment and RAP National Guidelines have been taken into account.

Signature


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Date

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