



# Assessment Form for the supply of a Personal Response System

For queries contact the DVA Health Provider Line: 1800 550 457 - Option 1

### Privacy

Your personal information is protected by law, including the *Privacy Act 1988*. Your personal information may be collected by the Department of Veterans' Affairs (DVA) for the delivery of government programs for war veterans, members of the Australian Defence Force, members of the Australian Federal Police and their dependants.

[Read more: How DVA manages personal information](#)

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

**1. Entitled person's name**

**2. Date of birth**

**3. DVA file number**

**4. Card type**  Gold  White - confirmed eligibility with DVA

**5. Client address (include postcode)**

**6. Access information (e.g. one way street, lot number)**

**7. Phone number (include area code)** [  ]

**8. LMO name**

**9. LMO phone number (include area code)** [  ]

**10. Recommended appliance**

PRS - 3G Mobile (supplier can assist with choosing appropriate alarm)

Pendant  Wrist Trigger  Replacement Pendant

Falls Detector  PIR Detector  GPS Dementia Watch

MPERS  Other

Room/Door/Exit Sensors (use **Additional Information** section to specify type of item)

Hostel/Retirement Village Pendant Only Requests (send to DVA and include name, phone and fax number of facility)

**11. Recommendation**  New installation  Takeover of Existing Alarm by eligible Spouse

Name of existing company

**12. Current residence**  House or Unit  Rental  Department of Housing

Client name  DVA File No.

**Criteria** **Note:** The criteria listed below must be considered prior to prescription of a PRS to be supplied by the Department

- EITHER  This person lives alone
- OR  This person does not live alone but is without assistance
- OR  This person does not live alone, but his/her carer is unable to provide or obtain assistance (e.g. due to significant hearing impairment, dementia or mobility problems)

The entitled person **must** meet one or more of the following criteria prior to the provision of a personal response system

- EITHER  This person has a significant risk of medical emergencies
- OR  This person has a recent history (within the past 12 months) of falls. (The falls must have been investigated and the cause of the falls eliminated where possible. Therefore personal response systems should only be considered if there is a continued risk of falls)
- OR  This person displays a number of factors that would put them at high risk of a fall. (Risk factors include severe visual impairment, severe mobility and balance problems, severe incontinence, and medical conditions which affect balance and mobility (such as Parkinson's or Meniere's Disease))
- Person has sufficient physical function to operate the PRS
- Person has sufficient cognitive function to wear and operate the Pendant and PRS
- Person has a willingness to wear the Pendant 24 hours a day
- Person has a willingness to activate the PRS if necessary and test once each month

**Technical Information**

- 13. Mobile coverage  No  Yes  Inadequate
- 14. Type of phone (e.g. Std, VoIP etc.)
- 15. Number of phones/phone sockets and location
- 16. Proposed location of PRS unit
- 17. Phone service supplier
- 18. Is a power point available solely for the PRS unit near the phone?  No  Yes

**Provider Details**  OT  RN  PT  LMO  Specialist

- 19. Provider name
- 20. Provider number (Registered Nurse use AHPRA number)
- 21. Phone number (include area code) [  ]
- 22. Fax number (include area code) [  ]
- 23. Email address
- 24. Do you recommend supply?  No  Yes - fax to the supplier of your choice listed on the last page of this
- 25. Provider signature  Date

Client name  DVA File No.

### Emergency Contact Details

**26. Name 1**

Relationship

Address (include postcode)

Phone number (include area code)      Mobile number

[      ]

Any restrictions

**27. Name 2**

Relationship

Address (include postcode)

Phone number (include area code)      Mobile number

[      ]

Any restrictions

### Additional Information

If applicable, use this section to expand on any previous sections including important medical conditions, medications, allergies, height, weight etc.

**28. Additional Info/Notes**

### Nominated DVA Contracted Supplier

**INS LifeGuard** - phone 1800 621 881  
website: [www.theinsgroup.com.au](http://www.theinsgroup.com.au)

fax 1300 770 730  
email: [lifeguard@theinsgroup.com.au](mailto:lifeguard@theinsgroup.com.au)

**Safety Link** - phone 1800 813 617  
website: [www.safetylink.org.au](http://www.safetylink.org.au)

fax 1800 193 233  
email: [cscdept@safetylink.org.au](mailto:cscdept@safetylink.org.au)

**Tunstall Healthcare** - phone 1800 603 377  
website: [www.tunstallhealthcare.com.au](http://www.tunstallhealthcare.com.au)

fax (07) 3868 4322  
email: [customer.service@tunstallhealthcare.com.au](mailto:customer.service@tunstallhealthcare.com.au)

**Vitalcall** - phone 1300 360 808  
website: [www.vitalcall.com.au](http://www.vitalcall.com.au)

fax 1300 554 483  
email: [sales@vitalcall.com.au](mailto:sales@vitalcall.com.au)