



### Privacy notice

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.

Go to [www.dva.gov.au/privacy](http://www.dva.gov.au/privacy) for more information about how DVA manages personal information.

### No duplication of government funded services

It is the responsibility of the requesting health provider to check the client is not accessing the same service/aid/appliance or home modification through more than one government service e.g. National Disability Insurance Scheme (NDIS) and Rehabilitation Appliances Program (RAP).

## Initial Orders

To establish this order complete the form below. If the client has a:

**Gold Card** – send the form directly to the supplier (details are in the 'Select a Supplier' section of this form on page 2).

**White Card** – send the completed form, nominating your preferred supplier and with information on the client's clinical need (name of the condition) that has led to client requiring continence products to [RAPGeneralEnquiries@dva.gov.au](mailto:RAPGeneralEnquiries@dva.gov.au). DVA will be checking to ensure the client has an accepted condition that aligns with this information. If approved DVA will forward the order directly to the nominated supplier.

**If the client is in a Residential Aged Care Facility (RACF)** – RACF are funded to provide continence products for clients with a clinical need. DVA does not seek to duplicate these arrangements. In exceptional circumstances DVA may consider on a case-by-case basis requests for continence products. Please provide adequate justification with this request.

## Subsequent Orders

This direct order form is valid for 2 years only.

The prescriber, the client or their nominated representative will need to contact the supplier for subsequent orders.

On completion of the 2 years the client will need to be reassessed and another form completed by the appropriate health provider.

## Provider Details

Continence Clinic/Adviser     Registered Nurse     Urologist     GP     OT     Physiotherapist

**Provider Stamp** (if applicable)

**Name**

**Employer**

**Provider number**

(Registered Nurse use AHPRA number)

**Phone number**

**Email address**

@

**Signed**



**Date**

/ /

## Entitled Person / Delivery Details

Surname

Given name(s)

Phone number

Customer account number  
(Supplier Use Only)

DVA File number

Card type

Gold     White – confirmed eligibility with DVA – please include clinical information

Delivery address  
(Including State and postcode)

  
 POSTCODE

Delivery instruction  
(warning re dogs etc.)

  


Does the entitled person live in a Residential Aged Care Facility?

No   
 Yes

Residential Aged Care Facilities are funded to provide continence products for clients with a clinical need.

Where an aged care facility is funded to provide an aid or appliance, it is expected to do so. DVA does not seek to duplicate these arrangements.

In exceptional circumstances DVA may consider on a case-by-case basis requests for items not on the list. Please provide adequate justification with this request.

Does the entitled person receive help under Home Care Package Level 4 (formerly EACH)?

No     Yes

Is this an order additional to initial order or as a result of a new assessment?

Additional     New assessment     Re-order

## Order (Provider to complete)

Please refer to 'Description of Items' on the next page

DVA Item No.	Supplier Item No.	Description of Continence Products (e.g. brand, size)	Quantity

**Note:** Orders are to be limited to 3 months supply or as prescribed by the special conditions listed on the next page.

### Select a Supplier

Send the completed form to one of the following suppliers:

Independence (all States)

Phone: 1800 980 936

Fax: 1300 788 811

Email: [dvaportal@iagroup.org.au](mailto:dvaportal@iagroup.org.au)

BrightSky Australia (all States)

Phone: 1300 968 062

Fax: 1300 968 063

Email: [conti.orders@brightsky.com.au](mailto:conti.orders@brightsky.com.au)

## Description of Items

Item No.	Assessing Health Provider	Description	Comments
AD01	OT, RN, CA, S, LMO, Physio	Draw Sheet - Absorbent, Waterproof Backing	Functional and product (F&P) assessment
AD02	OT, RN, CA, S, LMO, Physio	Disposable Liners/Underpads (blue underlay)	F&P assessment
AD03	RN, CA, S, LMO, Physio	Catheter Drainage Bag (non-sterile/sterile) non-drainable i.e. overnight bags, only used once	F&P assessment
AD04	OT, RN, CA, S, LMO, Physio	Urinal (with/without holder) (male and female)	F&P assessment
AD05	LMO, S, CA, RN, Physio	Catheters - In-Dwelling (e.g. Foley)	F&P assessment
AD06	OT, RN, CA, LMO, S, Physio	Continence Briefs long lasting	Non-disposable and washable briefs
AD07	OT, RN, CA, LMO, S, Physio	Continence Pads - Disposable	Disposable 'pull-ups' are considered to be pads.
AD08	RN, CA, S, LMO	Urine Drainage Bottle - 4 litres (with connecting tubing)	F&P assessment
AD09	RN, CA, S, LMO	Leg Bag (non-sterile/sterile)	F&P assessment
AD10	S, RN, LMO, CA	Penile Clamp	F&P assessment
AD11	LMO, S, CA, RN	Catheters - intermittent (e.g. Nelaton)	F&P assessment
AD12	RN, CA, S, LMO	Catheters - External (e.g. uridome/penile sheath/penile pouch)	F&P assessment
AD13	RN, CA, S, LMO	Urine Collection Bag Hanger	F&P assessment
AD14	OT, RN, CA, S, LMO	Waterproof Sheet (rubberised)	F&P assessment
AD15	RN, CA, LMO, S	Continence Consumables	Limited to products on suppliers' product list. Includes sterile gloves, KY Jelly, sterilising agents, tubing and perineal/stoma cleansing products, sterile water and normal saline.
AD16	CA, S, LMO, RN	Occlusive Devices (e.g. anal plugs)	F&P assessment
AD17	S, LMO	Urethral Meatal	F&P assessment
AD18	RN, CA, S, LMO	Faecal Collector - Perianal	F&P assessment
AD19	OT, RN, CA, LMO, S, Physio	Continence Briefs (Mesh/Stretch)	Stretch, mesh, disposable briefs but can be washed/re-washed between 4-30 times before needing to be replaced. Used to hold either disposable pads (AD07) or washable pads (AD21) firmly in place.
AD20	RN, CA, LMO, S	Pessary ring	Initially by GP, S, and subsequent requests for supplies can be made by RN, CA or entitled person.
AD21	OT, RN, CA, LMO, S	Continence Pads - Re-usable/Washable	Limit of 18 every 3 months. Often used in conjunction with AD06 (long lasting continence briefs) or AD19 (continence briefs - short term). Functional and product assessments should be undertaken.
AD22	RN, CA, LMO, S	Catheter Drainage Bag (non-sterile/sterile) - Drainable	Entitled person education and follow-up should be undertaken to ensure that the entitled person is aware of the number of usages possible per bag e.g. change the bag once a week and not daily. For non-drainable bag see AD03.
AD23	RN, CA, LMO, S	Catheter valves - Long Term	F&P assessment
AD24	OT, RN, CA, Physio	Chair pads - waterproof	A home assessment should be undertaken to determine suitability of chair being utilised and to identify potential falls risk. The entitled person may require an assessment of appropriate continence pad/product or consideration of item AD26.
AD26	RN, CA, LMO, S, OT, Physio	Continence Absorbent Mat - for beside the bed only	This mat may assist entitled persons with urgency and/or nocturia, particularly when moving from sitting to standing position. An appropriate continence pad/product may also be required. A home assessment should be undertaken to assess and evaluate the entitled person's home environment for the purposes of determining whether products are required, and if so, establishing the most suitable type of product.
AD27	Physio, CA	Muscle Stimulator for Continence Issues (includes appropriate electrodes and batteries)	Limit of 1 per person. Use of the muscle stimulator would be part of an overall management plan which includes a home exercise program and appropriate reviews. Instruction in use, prescription of exercise and continence education would be provided by a continence nurse or physiotherapist. Evaluation of the effectiveness of this type of intervention would be completed prior to recommendation of supply.
AD28	OT, RN, CA, S, LMO, Physio	Replacement parts, repairs and accessories (relating to item AD27)	DVA accepts financial responsibility for items not covered under the warranty period.
AT10	RN, S, LMO	Indwelling pleural/Abdominal Drainage Kit	Product assessment should be conducted. The assessing RN should be a Clinical Nurse Consultant or Nurse Practitioner in palliative care.

**Note: You don't need to fax this page.**