



Medical Grade Footwear Prescription

There are three sections to this form.

Assessing Health Providers to complete: **Section A**, and **Section C**.

Medical Grade Footwear Suppliers to complete **Section B**.

Note: Appropriate footwear can be provided under the Medical Grade Footwear (MGF) program or other government services, such as National Disability Insurance Scheme/Home Care Package/Commonwealth Home Support Program, as long as there is no duplication of services.

Please keep a copy for your records

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 for more information about how DVA manages personal information.

SECTION A To be completed by Assessing Health Provider

Before prescribing MGF to a client with a Veteran White Card, assessing health providers must check the client's eligibility for MGF by contacting DVA on 1800 550 457 or RAPgeneralenquiries@dva.gov.au

Refer to the *Guidelines for assessing health providers for the supply of MGF* (MGF Guidelines) available at www.dva.gov.au/mgfsuppliers

Assessing Health Provider details

1. **Provider type** Podiatrist Medical specialist - please specify profession

2. **Provider name**

3. **Practice name and address**

 Postcode

4. **Telephone number/Fax** [] [] Fax [] []

5. **Email address**

6. **Provider number**

Client details

7. **Client's surname**

8. **Client's given name(s)**

9. **DVA file number**

10. **Client's address**
 Postcode

11. **Telephone number**

12. **Card type** Gold White - Please contact DVA on **1800 550 457**
 or email RAPgeneralenquiries@dva.gov.au to check eligibility
 under the client's Accepted Disability(ies).
 List the Accepted Disability(ies) that meets the criteria for MGF.

SECTION A *continued...*

13. **Footwear issue** First Second Recreational (*requires prior approval*)

14. **Does the client have diabetes?** No - **Go to question 16**
 Yes - *Go to next question*

15. **What is the category of risk?**
Note: These classifications are in accordance with the National Health and Medical Research Council (NHMRC).
MGF can be provided for clients with diabetes who have a foot risk status determined at the initial consultation as either:
 Intermediate-risk of foot ulceration: only **one** risk factor (either peripheral neuropathy, peripheral artery disease or foot deformity) and no previous foot ulcer or amputation; or
 High-risk of foot ulceration: **two or three** risk factors (peripheral neuropathy, peripheral artery disease or foot deformity) or with a previous foot ulcer or amputation.

16. **Footwear category**
Note: Refer to the MGF National Guideline available at www.dva.gov.au/mgfsuppliers
 Ready-made Custom (only provided where ready-made MGF cannot accommodate the client's clinical condition/s)
 Ongoing repairs/modifications

17. **Replacement issue?** No - **Go to question 20**
 Yes - *Go to next question*

18. **For replacement of previous issued MGF please complete the following:**
Note: In some instances, it may be appropriate to return the used/unsupportive MGF to the assessing health provider for disposal.
Brand Style Colour

19. **Date of issue of the previous MGF**

20. **Style** Shoe Sandal Boot

21. **Specify DVA register brand, style or number**
DVA register brand Style Number

22. **Footwear modifications/repairs**
(please list)

23. **Relevant clinical information to justify request for MGF**
Note: Please keep any additional supportive clinical information in the client's clinical file.

24. **Current footwear history**

25. **Other supportive clinical information attached** Tracings Measurements Photos Other

26. **Does the client require a home visit by the supplier?** No Yes

27. **Assessing Health Provider's signature** Date

On completion of Section A, send this form to a contracted MGF supplier or provide a copy of the prescription form to the client (only applies for Gold Card holders) with the details of the preferred contracted supplier.

SECTION B To be completed by Medical Grade Footwear Supplier

Contracted MGF suppliers must supply MGF in accordance with the *Notes for MGF Suppliers, MGF Terms and Conditions, DVA MGF Schedule of Fees and MGF ready-made register* available at www.dva.gov.au/mgfsuppliers

Prior approval from DVA is required for:

- Custom made MGF
- recreational MGF
- when supply is above two pairs of MGF
- repairs and modifications not listed in the DVA MGF Schedule of Fees
- Veteran White Card holders.

Medical Grade Footwear details**28. Manufacturer's name**

Brand	Style	Colour	Size/Width
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Item code	<input type="text"/>	Price	<input type="text" value="\$"/>
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List type of modifications

<input type="text"/>
<input type="text"/>
<input type="text"/>

Item code	<input type="text"/>	Price	<input type="text" value="\$"/>
Item code	<input type="text"/>	Price	<input type="text" value="\$"/>
Item code	<input type="text"/>	Price	<input type="text" value="\$"/>

Supplier details**29. Supplier's name****30. Practice name and address**

<input type="text"/>	Postcode
<input type="text"/>	<input type="text"/>

31. Telephone/Fax number

[<input type="text"/>]	Fax	[<input type="text"/>]
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32. Email address**33. Provider number****34. Supplier's signature**

 <input type="text"/>	Date
	<input type="text"/>

1. On completion of Section B, send this form back to the Assessing Health Provider.
2. Send the prescribed MGF to the Assessing Health Provider to issue to the client, unless you have made other arrangements with the Assessing Health Provider.

SECTION C To be completed by Assessing Health Provider

Follow-up assessment and fitting – *This should occur at time of review appointment not at initial issue of MGF*

35. Does the MGF issued to client match the supplier MGF description?

Yes

No - Please detail the issue and outline the actions you have taken

36. Does the MGF fit the client's foot structure and meet their clinical needs?

Yes

No - Please detail the issue and outline the actions you have taken

37. Assessing Health Provider's signature



Date

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