



Australian Government  
Department of Veterans' Affairs

# 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.

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

### Provider Details

☐ OT ☐ PT ☐ LMO ☐ Other (Specify Profession)

**Provider Stamp (if applicable)**

**Name**

**Provider number**

**Employer**

**Address**

POSTCODE

**Phone number**

Fax

**Mobile number**

**E-mail**

### Entitled Person/Delivery Details

**Surname**

**Given name(s)**

**Date of birth**

**DVA file number**

**Card type**

☐ Gold ☐ White - please contact DVA to check eligibility under the entitled person's Accepted Disability(ies). Please call **1300 550 457** (as above).

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

☐ No ☐ Yes - ACFI Classification not yet assigned ☐

ACFI Classification

Does the ACFI classification contain one high domain or two or more medium domain categories?

☐ No ☐ Yes (Refer to DVA)

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

☐ No ☐ Yes - please contact DVA

Alternative contact No.

**Entitled person's contact phone number**

**Residential address**

POSTCODE

**Delivery address**  
(if different to above)

POSTCODE

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	<input type="text"/>	kg
Seated Anthropometric Measurements	Popliteal height (seated)	<input type="text"/>
		cm
	Hip/thigh width (seated)	<input type="text"/>
		cm
	Upper leg length (seated)	<input type="text"/>
		cm
	Height to top of head (seated)	<input type="text"/>
		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

Date

Please Fax this completed form to Unicare Health.  
Fax: 08 9350 5299

SAVE	PRINT	CLEAR
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