



# Assessment Form for the supply of a Personal Response System

Fax to: (02) 9213 7978 or for queries DVA Health Provider Line: 1300 550 457 (metro) 1800 550 457 (regional) - Option 1

1. Client name

2. Date of birth

3. DVA file number

4. Card type  Gold  White

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  Personal Response System  Wrist Trigger  Pendant  
 Hostel/Retirement Village Pendant Only Requests (send to DVA and include name, phone and fax number of facility)  
 Non-Monitored Alarms (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

## Clinical Criteria

The entitled person **should** meet one or more of the following clinical criteria prior to the approval 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))*

## Functional Criteria

- 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

Client name

DVA File No.

**Social Criteria**

The entitled person should meet one of the following social criteria prior to approval of a personal response system

- 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)

**Additional Clinical Information**

13. Medical conditions

14. Medications

15. Other factors affecting use of PRS (e.g. hearing or speech problems)

16. Has home safety education and preventative action taken place? (provide details e.g. referral to Homefront, rails installed, non-slip surface applied)

**Technical Information**

17. Type of phone (e.g. Std, VoIP etc.)

18. Number of phones/phone sockets and location

19. Proposed location of PRS unit

20. Phone service supplier

21. Is a power point available solely for the PRS unit near the phone?  No  Yes

22. Is there a Broadband Internet connection or fax machine in use?  No  Yes

**Prescriber Details**  OT  RN  PT  LMO  Specialist

23. Prescriber name

24. Provider number

25. Phone number (include area code) ( )

26. Fax number (include area code) ( )

27. Do you recommend approval?  No - fax rejection to DVA on (02) 9213 7978  
 Yes

28. Prescriber signature 

Date

Client name

DVA File No.

**Emergency Contact Details (if available at time of assessment)**

**28. Name 1**

Relationship

Address (include postcode)

Phone number (include area code)

(  )

Mobile number

Any restrictions

**29. Name 2**

Relationship

Address (include postcode)

Phone number (include area code)

(  )

Mobile number

Any restrictions

**Nominated DVA Contracted Supplier**

**INS LifeGuard** - phone 1800 621 881

**Safety Link** - phone 1800 813 617

**Tunstall Healthcare** - phone 1800 603 377

**Vitalcall** - phone 1300 360 808

**DVA Office Use Only**

**Supply approved**

No  Yes - approval number

**Refer to Manager**

No  Yes

**Delegate**

**Date**

/  /