

**STANDARD EQUIPMENT  
REQUEST**  
TasEquip  
STATEWIDE

FACILITY: \_\_\_\_\_  
(Downtime Use Only)

PT ID									
SURNAME..... D.O.B..... OTHER NAMES..... ADDRESS..... .....									

*Attach Patient Sticker Label*

(Tick  as appropriate, format time as 00:00 (24 hour) and date as DD/MM/YYYY)



**Contact Details: TasEquip 1300 827 378** (will connect you to the nearest TasEquip warehouse)

**Hobart:** Repat Centre, 90 Davey Street, Hobart  
 Phone: 1300 827 378 Email: [southtasequip@ths.tas.gov.au](mailto:southtasequip@ths.tas.gov.au) PICK UP AVAILABLE

**Launceston:** 53 Dowling Street, Launceston (enter off Henry Street, old Becks Hardware)  
 Phone: 1300 827 378 Email: [nthtasequip@ths.tas.gov.au](mailto:nthtasequip@ths.tas.gov.au) PICK UP AVAILABLE

**Latrobe:** Mersey Community Hospital, Moriarty Road, Latrobe  
 Phone: 1300 827 378 Email: [nwtasequip@ths.tas.gov.au](mailto:nwtasequip@ths.tas.gov.au) **NO PICK UP AVAILABLE**

**Client Details**

Billing address:  Same as patient label  Different from above address  
 If different, specify: \_\_\_\_\_  
 Note: This becomes the address for all Tasmanian Health Service invoices

**Alternate Contact** (if different from above)

Surname (print):	First name (print):
Phone number:	Relationship to patient:

**Client Eligibility** (you must be completed for form to be accepted)

The client is a permanent resident of Tasmania? *If NO client is NOT eligible for TasEquip*  Yes  No

Do they have a prognosis of less than six months? *If Yes, use TasEquip Palliative Request form*  Yes  No

Are they a resident in an Aged Care Facility?  Yes  No

*If Yes' Client is NOT eligible for TasEquip, contact the facility regarding equipment.*

Are they in receipt of Home Care Package level three or four?  Yes  No

*If Yes, Client is NOT eligible for TasEquip, contact their support provider.*

Is the equipment required for injuries related to Motor Accidents Insurance Board (MAIB) or Workers Compensation (WC) claim?  Yes  No

1. If Yes, they have a current claim number. *Client is NOT eligible for TasEquip, contact their insurer regarding equipment.*

2. If Yes, but claim not yet accepted. *Eligible for discharge access only, request replacement with insurer funded equipment and return TasEquip assets as soon as possible.*

Are they a Department of Veterans Affairs (DVA) card holder?  Yes  No

*If Yes, Eligible if they are a Tasmanian Resident and have a Centrelink health care or pension card. Arrange DVA to provide equipment where possible however client is eligible for access to TasEquip.*

Are they National Disability Insurance Scheme (NDIS) participant?  Yes  No

*If Yes. equipment required for a disability. Client is NOT eligible for TasEquip - Arrange NDIS equipment or IF for discharge, use the NDIS AT for Urgent Discharge process.*

*If Yes, equipment required for a health condition. Eligible if they are a Tasmanian Resident and have a Centrelink health care or pension card.*

They are eligible for TasEquip under the category selected:

Full access (Centrelink Health Care Card / Pensioner Concession Card) Card Number: \_\_\_\_\_

Discharge access (the equipment is required to discharge from a public hospital bed)

Estimated Discharge Date: DD / MM / YYYY

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**Equipment requested ( AH Allied Health Only)**

<b>Toileting</b>	<b>Standard Folding Wheelchair</b>
<input type="checkbox"/> Over toilet aid <input type="checkbox"/> Bedside commode	<input type="checkbox"/> Self-propelled (AH only) <input type="checkbox"/> Transit (AH only) <input type="checkbox"/> Amputee (AH only)
<b>Showering</b>	<b>Wheelchair Size:</b>
<input type="checkbox"/> Transfer bench (AH) only <input type="checkbox"/> Shower chair <input type="checkbox"/> Shower stool <input type="checkbox"/> Shower stool without arms <input type="checkbox"/> Bath Board (AH only) <input type="checkbox"/> Swivel bather (AH only)	
<b>Height Adjustable Seating</b>	
<input type="checkbox"/> High back chair (AH only) <input type="checkbox"/> Low back chair (AH only)	<input type="checkbox"/> 41 centimetres (16 inches) <input type="checkbox"/> 46 centimetres (18 inches) <input type="checkbox"/> 51 centimetres (20 inches) <input type="checkbox"/> 56 centimetres (22 inches) <input type="checkbox"/> 61 centimetres (24 inches) <input type="checkbox"/> 66 centimetres (26 inches) <input type="checkbox"/> 71 centimetres (28 inches) Other features (specify):
<b>Transfer Equipment</b>	<b>Footplates left:</b>
<input type="checkbox"/> Slide board (AH only) <input type="checkbox"/> Free standing self-help pole (AH only)	<input type="checkbox"/> Standard (AH only) <input type="checkbox"/> Elevating (AH only) <input type="checkbox"/> Stump support (AH only)
<b>Walking Aid</b>	<b>Footplates right:</b>
<input type="checkbox"/> Pick up frame <input type="checkbox"/> 2 wheeled walking frame (AH only) <input type="checkbox"/> Forearm support frame (AH only) <input type="checkbox"/> Forearm support frame with brakes (AH only) <input type="checkbox"/> 4 wheeled walker (4WW) (AH only)	<input type="checkbox"/> Standard (AH only) <input type="checkbox"/> Elevating (AH only) <input type="checkbox"/> Stump support (AH only)
<b>Nutrition</b>	<b>Wheels:</b>
<input type="checkbox"/> Drip stand	<input type="checkbox"/> Spoke guards (AH only) <input type="checkbox"/> Anti-tippers (AH only)

Any other equipment:  Yes  No If Yes, specify:

**Clinical Requirements - working load specifications**

Specify working load requirement kilograms: \_\_\_\_\_ Seat width required in millimetres: \_\_\_\_\_

**Equipment and Funding Agreement**

The equipment prescribed has been confirmed with and agreed to by the client:  Yes  No  
 The client has been provided with the TasEquip Services Equipment Loan Information Brochure and agrees to the loan fee, equipment repair fee and costs of wheelchair batteries, tyres and tubes replacement where applicable

**Authorised Prescriber** (for equipment requiring purchase provide justification for each equipment item and all special features requested)

Print Name:	Designation:
Service/Department:	Phone number:
Email:	
Signature:	Date: DD / MM / YYYY

**Equipment allocated against request (TasEquip use only)**

Equipment type issued (for example, over toilet aid)	Asset number (for example, TS-000256)

**Guide To Required Details**

To confirm if Complex Assistive Technology (Category 3/4) is available in the warehouse, email TasEquip and provide as much detail as possible. includes hoist, shower commode, power wheelchair, bed, mattress/overlay, scripted wheelchairs. **Please note that a Complex Assistive Technology Application is always required for these items.**

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