



Domiciliary Medical Oxygen Therapy and/or Other Respiratory Aids and Appliances

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.

[Read more: How DVA manages personal information](#)

Rehabilitation Appliances Program (RAP) and other government services (such as the National Disability Insurance Scheme (NDIS), Home Care Package or Commonwealth Home Support Program (CHSP)) – Aids, appliances and modifications can be provided by RAP or other government services, such as NDIS/Home Care Package/CHSP, as long as the same aid/appliance/modification is not duplicated by both RAP and NDIS/Home Care Packages/CHSP.

For any queries, please contact the DVA Provider Hotline on 1800 550 457 and select Option 1 for the RAP.

Note: From 1 June 2021, prescriptions for DMOT are valid for two years. If DMOT is required beyond the two year period, the assessing health provider must complete a new prescription before the two year period expires.

A client should be regularly reviewed by the assessing health provider to ensure the prescription is still suitable for the client's condition. If a change of prescription is required, the assessing health provider can complete a new prescription within the two year period.

Is this an **urgent** request for Domiciliary Medical Oxygen Therapy?
E.g. post-hospital discharge supply


No Yes → If Yes, please contact ONE of the suppliers listed on the last page of this form.

Client Delivery Details


Surname	<input type="text"/>		
Given names	<input type="text"/>		
Address	<input type="text"/>		
			Postcode <input type="text"/>
Phone number	(<input type="text"/>) <input type="text"/>	Mobile number	<input type="text"/>
Email address	<input type="text"/>		
Date of birth	<input type="text"/>		
DVA file number	<input type="text"/>		
Card type	<input type="checkbox"/> Gold → Forward the completed form to ONE of the contracted suppliers listed on this form. <input type="checkbox"/> White → Please contact DVA on 1800 550 457 or email RAPGeneralEnquiries@dva.gov.au to check eligibility under the client's Accepted Disability(ies). Please specify the medical condition(s) on this form.		
Delivery address <i>(if different to above)</i>	<input type="text"/>		
			Postcode <input type="text"/>
Prior Approval number <i>(when required and issued by DVA)</i>	<input type="text"/>		
Does the client live in a Commonwealth funded Residential Aged Care Facility (RACF)?	<input type="checkbox"/> No <input type="checkbox"/> Yes	→ If Yes, ongoing oxygen treatment will be provided by the RACF under the <i>Aged Care Act 1997</i> , and not through DVA. Please check the Aged Care Eligibility Matrix for aids/appliances that can be provided in a RACF.	

Specialist Physician/Respiratory Clinic Details (for Domiciliary Medical Oxygen Therapy)

A treating Specialist or Respiratory Clinic may request a GP to provide local clinical management of their client who lives in a rural and remote area. The GP can prescribe for these clients under the authority of the treating Specialist or Respiratory Clinic. The GP's name and address are to be provided under 'Other Assessing Health Provider Details', together with details of the treating Specialist or Respiratory Clinic.

<i>Prescriber's Stamp (if applicable)</i>	Speciality			
	Name			
	Address (Including Postcode)			Postcode
	Provider number			
	Phone number	()		
	Fax number	()		
	Email			
Signature	 / /			

Other Assessing Health Provider Details (for Other Respiratory Aids and Appliances)

<i>Prescriber's Stamp (if applicable)</i>		<input type="checkbox"/> GP	<input type="checkbox"/> Physio	<input type="checkbox"/> RN	<input type="checkbox"/> SP
	Name				
	Address (Including Postcode)				Postcode
	Provider number				
	Phone number	()			
	Fax number	()			
	Email				
Signature	 / /				

Domiciliary Medical Oxygen Therapy

Medical Conditions

- | | |
|--|--|
| <input type="checkbox"/> Chronic Obstructive Pulmonary Disease | <input type="checkbox"/> Interstitial Fibrosis |
| <input type="checkbox"/> Pulmonary Hypertension | <input type="checkbox"/> Sleep Apnoea |
| <input type="checkbox"/> Ischaemic Heart Disease | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Cardiac Failure | <input type="checkbox"/> Malignancy |
| <input type="checkbox"/> Other - specify | |

Indications for Oxygen Therapy

Chronic Hypoxia

Arterial Blood Gases at rest on room air (while on optimised treatment during a stable phase of the illness).

Date

PaO₂ mm Hg pH PaCO₂ mm Hg

Nocturnal Hypoxaemia

Nocturnal oxygen saturation (for nocturnal hypoxaemia only). %

Exertional Hypoxaemia

Clients are exercised on room air (step or timed walk). Exercise is then repeated with oxygen, keeping saturation above 90%. Measurements include SaO₂, distance or steps walked and duration of exercise.

Date

	Room Air Only	Using Supp O ₂
O ₂ flow (L/min)		<input type="text"/>
Rest (SaO ₂)	<input type="text"/>	<input type="text"/>
End exercise (SaO ₂)	<input type="text"/>	<input type="text"/>
Distance (m) / Steps completed	<input type="text"/>	<input type="text"/>
Exercise duration (Mins)	<input type="text"/>	<input type="text"/>

Cardiac Disease

Does the client suffer from end stage cardiac disease for which no further interventions are feasible?

Yes No

Palliative

Does the client suffer from cancer and have hypoxia from lung involvement, and have an estimated life expectancy of less than six months?

Yes No

Exceptional Circumstances

If the client's clinical need cannot be met by existing DMOT items on the contracted suppliers' lists, please state what item/s is required and explain the clinical reasoning.

Requested Supply System

Long Term Oxygen Therapy

Concentrator

Is there a high risk of prolonged electrical blackout?

Yes → If Yes, a back up cylinder may be provided.

No

Ambulatory Oxygen (Ensure Exertional Hypoxaemia information is completed)

Cylinders OR Portable Oxygen Concentrator

Oxygen conserving device OR Flow meter/Regulator

An ambulatory test may be performed using the equipment that is requested. Please provide details on recommended settings below.

Oxygen consumables and accessories

Masks Carry bag Trolley

Other - Please specify

Oxygen Prescription

At rest l/min

Exercise l/min

Sleep l/min

Hours per day

Flow during Asthma attack l/min ▶ Mask OR Prongs

Please state any further instructions

Other Respiratory Aids and Appliances

Nebuliser (AY05)

Spacer (AY15)

Peak Flow Meter (AY07)

Other Respiratory Aids and Appliances - Consumables and Accessories (AY21)

Sleep Apnoea Positional Therapy Device (AY08)

Oscillating Positive Expiratory Pressure (PEP) Device (AY18)

Respiratory Suction Apparatus (AY12)

Inspiratory Muscle Trainer (AY20)

Other - Please specify

Select the Supplier

Air Liquide Healthcare

BOC

DVA Rehabilitation Appliances Program

Contracted Suppliers of Domiciliary Medical Oxygen Therapy and/or Other Respiratory Aids and Appliances

Effective 1 June 2021

<i>Supplier</i>	<i>National Phone</i>	<i>National Fax</i>	<i>Email</i>
Air Liquide Healthcare	1300 360 202	1800 254 329	alhdva.orders@airliquide.com
BOC	1800 050 999	1800 624 149	dva@boc.com

Prescribers are reminded that the choice of supplier is theirs. The alphabetical listing above is for administrative ease only.

Products that are listed as contracted items on the RAP Schedule must be sourced from a suitable contracted supplier listed on the following DVA webpage: [RAP contracted suppliers](#)

If the requested products are not available from any of DVA's contracted suppliers, the assessing health provider must send requests to DVA for review through RAPGeneralEnquiries@dva.gov.au

Please do not fax this page