| Provision of Lymphoedema Compression Garments | Prescription / Order Form |
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# Queensland Health and Non-Queensland Health Providers

Eligible patients can receive Queensland Health funded compression garments under the Queensland Health Guideline, *Guideline for Compression Garments for Adults with Lymphoedema: Eligibility, Supply and Costing*. Patients are eligible for two garments every six months per affected body part.

All prescribers should prescribe ready-to-wear garments as a first preference, where the clinician considers the ready-to-wear option to provide the same or better treatment effect to a custom-made garment. Providers must provide scripts that are current. Supply does not cover prophylactic or travel garments. All orders for ready-to-wear garments are to be placed on the order form (Attachment 1). **If ordering more than one ready-to-wear garment (i.e. sleeve and glove OR two of the same garment e.g. two sleeves) separate order forms are required for each (1) garment.**

Where clinical indications or limb size fall outside of the ready to wear range provided, custom made garments may be ordered. Written quotation for cost and supplier of the garment must be attached to the order form. Custom made garments can be ordered from the order form (Attachment 2).

ONLY ONE custom garment will be ordered in the first instance and when fitted, if clinically assessed as suitable, then another garment can be ordered.

The clinical prescription/order form must be returned to the “residential” Hospital and Health Service of the patient/consumer. To find a health care facility by region go to: <http://www.health.qld.gov.au/services/default.asp>.

**Please download and save the form onto your computer first, before completing the form.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Prescribing Therapist** | | | | |
| **Therapist Name:** | | **Hours of work:** | | |
| **Practice Name:** | | **Email:** | | |
| **Profession:** | **Other:** | | | |
| **Address:** | | **Telephone:**  **Mobile:**  **Fax:** | | |
|  | | | | |
| **Patient Details** | | | | |
| **Name:** | **DOB:** | | | |
| **Address:** | **Sex:** | | | |
| **Telephone:**  **Mobile:** | **Email:** | | | |
| **Diagnosis:** | **Condition:** | | | |
| **Date of referral:** | | **Referred by:** | | |
| **Body parts requiring garments:** Hand  Arm  Upper leg  Lower leg  Whole leg  Other | | | | |
| **Eligibility Criteria** | | | **Yes** | **No** |
| **Has the patient been diagnosed with lymphoedema?** | | |  |  |
| **Is the patient over the age of 16 years old?** | | |  |  |
| **Is the patient a permanent resident of Queensland? (Residential address on Centrelink Pension card or Centrelink Health Care Card must be Queensland)?** | | |  |  |
| **Does the patient hold a Centrelink Pensioner Card or Centrelink Health Care Card?**  **Card Number:**  **Expiry:** | | |  |  |
| **Is the patient eligible for Medicare?**  **Card Number:**  **Expiry:** | | |  |  |
| **The Queensland Health Order Form provides a checklist of eligibility criteria. The provider is required to sight the cards, provide card numbers, declare eligibility of the patient (i.e. the patient holds a Centrelink pension card** <https://www.humanservices.gov.au/individuals/services/centrelink/pensioner-concession-card> **or health care card** <https://www.humanservices.gov.au/individuals/services/centrelink/health-care-card> **and is eligible for Medicare) against the criteria on the order form and provide a photocopy of both sides of the applicant’s concession card.** | | | | |

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| **Delivery Instructions (the garment will be posted to the prescriber)** |
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## Declaration

The completed prescription / order form is to be provided from a practitioner who works for Queensland Health or a non-governmental community service organisation (e.g. Bluecare or a private practitioner). The form is to be completed by the prescribing therapist.

|  |  |
| --- | --- |
| **I confirm that my signature below represents:** | **Tick to indicate YES** |
| My agreement that the information can be used to assess eligibility for a Lymphoedema Garment within the [Guideline for Compression Garments for Adults with Lymphoedema: Eligibility, Supply and Costing](https://www.health.qld.gov.au/__data/assets/pdf_file/0025/147526/qh-gdl-373.pdf). |  |
| I acknowledge that the Hospital and Health Service may require more information or a review of information. |  |
| The information that I have supplied on this application is true and correct to the best of my knowledge. |  |
| My understanding is that this application is not a formal approval or guarantee of service. |  |
| **Professional eligibility criteria**  I am a:   * Queensland Health physiotherapist, occupational therapist or podiatrist registered with Australian Health Practitioner Regulation Agency (AHPRA).   OR   * Non-governmental community service organisation or private practitioner physiotherapist, occupational therapist, podiatrist registered nurse or medical doctor registered with Australian Health Practitioner Regulation Agency (AHPRA). |  |
| **Training eligibility criteria**   * I hold a Level 1 lymphoedema training certificate or Foundational module plus relevant regional module accredited by the Australasian Lymphology Association (ALA) AND * I am eligible to register as an Accredited ALA Practitioner, with recency of practice by demonstration of clinical experience in compression garment prescription within the previous two years and   continued professional development of 40 points in the previous two years as set out in the ALA Lymphoedema Continuing Professional Development lymphoedema policy set out by the National Lymphoedema Practitioner Register. |  |
| OR |  |
| * I have completed the Compression garment, selection, fitting and monitoring education package <https://ilearn.health.qld.gov.au/d2l/login> with the support of a lymphoedema therapist including use of telehealth, implementation resources and governance processes. |  |
| I am responsible for the outcome of the prescription and the duty of care to the patient. |  |
| **DECLARATION** | |
| I confirm that I have assessed the following:  The patient will be able to don and doff the garment  The patient has committed to wearing the garment as prescribed  The patient has agreed to attend appointments for garment fitting/monitoring as required | |
| Where a custom garment has been prescribed:  I confirm I have appropriate training to measure custom compression garments  Not applicable (custom garment has not been prescribed) | |

#### Signature:

**Name:**

**Designation:**

(e.g. Occupational Therapist/Physiotherapist)

**Date:**

## Attachment 1: Ready-to-wear Garment Order Form

| Qld-CoA-Stylised-2LsS-mono-min-size  **Ready-to-wear Compression Garment  Order Form** | | Patient Name:  Patient DOB:  Therapist Name:  Therapist contact details for garment query: | | | |
| --- | --- | --- | --- | --- | --- |
| **Select one or more options from each category below after careful review of products available from the manufacturer. Only available options can be ordered.**  **Garment order code and details regarding the style and sizing of the garment to be obtained by the prescriber from the distributor. For the list of distributors go to p.7-8 of order form. When ordering multiple garments (e.g. sleeve and glove) a separate order form will be required (\*Add garment order code).**  **Complete all style options required from those available for the brand you are choosing.** | | | | | |
| **LIMB:** | **GARMENT ORDER CODE:** | | | **Quantity:** | **Cost:** |
| **ORDER NUMBER:**  **1st order**  **2nd order**  **Re-order\***  **\* Provide re-order rationale:** (e.g. change in patients condition requiring change to prescription, clinician error) | | | | | |
| **DISTRIBUTOR:** | | | | | |
| **ESSITY (BSN Medical)** (S4/HANA vendor - 3028835)  **Lower Limb:**   Active  Elvarex  Elvarex Soft  For Men  For Men Casual  Relief  Ulcercare  Ultrasheer  **Upper Limb:** Bella Lite  Bella Strong  Elvarex | | | | | |
| **HADDENHAM** (S4/HANA vendor - 3025929)  **Lower Limb:**  Pertex Light  Pertex 2  Pertex 3  Goldpunkt CCL1  Goldpunkt CCL2  Goldpunkt CCL3  **Upper Limb:**  Pertex Light  Pertex 2 (glove only) | | | | | |
| **MEDI AUSTRALIA** (S4/HANA vendor - 3018903)  **Lower Limb:** Duomed  Mediven Plus  Mediven Forte  Mediven Ulcer  **Midline:**  Lipomed Bra  **Upper Limb:** Medi Harmony  Medi Esprit | | | | | |
| **MEDICAL ACCESSORIES OF AUSTRALIA** (S4/HANA vendor - 3017907)  **Lower Limb:** Venosan 7000  Venosan 6000  Venosan 5000  Venosan 4000  **Upper Limb:** Venosan 7000  Venosan 4000  Venosan 2000 (gloves) | | | | | |
| **MORRIS MEDICAL** (S4/HANA vendor - 3026995)  **Lower Limb:** Cotton  Comfort CF  Magic  Top Fine  Traditional 503/504  **Upper Limb:** Traditional 503  Advance | | | | | |
| **ORTHO APPLIANCES** (S4/HANA vendor - 3021812)  **Lower Limb:** OFA Bamberg | | |  | | |

| Qld-CoA-Stylised-2LsS-mono-min-size  **Ready-to-wear Compression Garment  Order Form** | | | Patient Name:  Patient DOB:  Therapist Name:  Therapist contact details for garment query: | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **GARMENT STYLE:** Where relevant, please tick the boxes applicable to the Ready-to-wear garment style you have ordered. | | | | | | | | |
| **Lower Limb:** | Knee high | Thigh high | | Chap style | | Panty hose | | |
| **Upper Limb:** | Sleeve | Combined sleeve & gauntlet | | | | Glove | Gauntlet | |
| **SIDE:** | Left | Right | |  | | | | |
| **MIDLINE:** | Neck / Face | Torso | |  | | | | |
| **ADDITIONS:** | Open toe | Closed toe | | Grip top | Shoulder cap | | | Body Strap |
|  | Other: | | | | | | | |
| **SIZE AND**  **NUMBER:** | X-small | Small | | Medium | Large | | | X-large |
| 1  2  3  4  5  6  7  8  9  10  11  12  13  14  15 | | | | | | | |
| **WIDTH:** | Normal | X-wide | | Plus | | | | |
| **LENGTH:** | Short | Petite | | Normal | Long | | |  |
| **GARMENT STRENGTH:** | Class 1  15-20mmHg | Class 2  20-30mmHg | | Class 3  30-40mmHg | | Class 4  40+mmHg |  | |
| **If none of the boxes are applicable to the Ready-to-wear order, write a description of the garment style required.** | | | | | | | | |
| **Description of the garment style:** | | | | | | | | |

## Attachment 2: Custom-made Garment Order Form

| Qld-CoA-Stylised-2LsS-mono-min-size  **Custom-made Compression Garment  Order Form** | | Patient Name:  Patient DOB:  Therapist Name:  Therapist contact details for garment query: |
| --- | --- | --- |
| **ORDER NUMBER:  1st order  2nd order  Re-order\***  **\* Provide re-order rationale:** (e.g. change in patients condition requiring change to prescription, clinician error) | | |
| 1. **PROVIDE RATIONALE** (Tick all boxes that apply and provide a rationale) | | |
| Custom garment style / configuration required | (Rationale if applicable) | |
| Does not fit into ready-to-wear size compression garments | (Rationale if applicable) | |
| Compression level required is not available in ready-to-wear garments | Compression level required: (include rationale if applicable) | |
| Other reason (specify) |  | |
| 1. **PROVIDE GARMENT DETAILS** (Quote must be attached) | | |
| Supplier |  | |
| Garment description (list each garment) |  | |
| 1. **ATTACH RELEVANT MEASUREMENT FORMS** | | |
| These forms are changed frequently and should be obtained from the supplier directly. Custom garments available via the QH SOA742 include those in the Table 1 on the following page. | | |

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| **Suppliers of custom-made compression garments on SOA742** | | |
| **Distributor** | **Range of garments** | **Contact details** |
| Double Life | Jobskin | Level 1, 1/100 Station Street, Nunawading, VIC, 3131  Phone: 03 9915 8000  Email: [customer.service@jobskin.com](mailto:customer.service@jobskin.com) |
| Essity  (BSN Medical) | Elvarex  Jobst | PO Box 337, Mount Waverley VIC 3149  Phone: 1300 998 810  Fax: 1300 998 820  Email: [Jobstcs.AU@bsnmedical.com](mailto:Jobstcs.AU@bsnmedical.com) |
| Haddenham Healthcare | Haddenham | Unit 30/170 Forster Rd, Axxess Corporate Park, Mount Waverley VIC 3149  Phone: 03 9544 5515  Fax: 03 9544 5512  Email: [sales@hadhealth.com.au](mailto:sales@hadhealth.com.au) |
| Medi Australia | Medi | 83 Fennell Street, North Parramatta NSW 2151  Phone: 02 9890 8696  Fax: 02 9890 8439  Email: [sales@mediaustralia.com.au](mailto:sales@mediaustralia.com.au) |
| Medical Accessories of Australia | Venosan | 11/43 Lang Parade, Milton QLD 4064  Phone: 07 3870 5955  Fax: 07 3870 5944  Email: [sales@medicalaccessories.com.au](mailto:sales@medicalaccessories.com.au) |
| Morris Medical | Sigvaris | PO Box 3286, Newmarket QLD 4051  Phone: 3356 6995  Fax: 3356 6990  Email: [sales@morrismedical.com.au](mailto:sales@morrismedical.com.au) |
| OAPL (Orthopaedic Appliances) | OFA Bamberg | 29 South Corporate Avenue, Rowville VIC 3178  Phone: 1300 86 6275  Phone: 03 8709 1109 (Dir)  Email: [orders@oapl.com.au](mailto:orders@oapl.com.au) |