

Compression garments for adults with lymphoedema

Prescription and order form

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

This form may be used by Hospital and Health Services (HHS) and **must** be used by non-Queensland Health/ private providers to prescribe and order compression garments for eligible adults with lymphoedema free of charge in accordance with the [Compression Garments for Adults with Lymphoedema: Eligibility, Supply and Costing](#) Queensland Health Guideline (QH-GDL-373:2014) (the Guideline).

Queensland Health employees should refer to their local HHS processes in addition to the Guideline.

Notes when prescribing and ordering compression garments:


- Where possible, ready to wear/off the shelf garments should be selected in the first instance.
- In circumstances that a ready to wear garment is not clinically indicated or is unlikely to provide the desired intervention goal, a custom-made garment may be prescribed.
- Where the fitting of a standard garment is not appropriate (due to shape, difficulty with donning or doffing or poor tolerance), an adjustable wrap compression garment or night-time garment may be considered based on clinical need.
- All compression garments ordered need to be Therapeutic Goods Administration (TGA) approved.
- Where possible and in the first instance, compression garments should be ordered from an approved Queensland Health distributor and include the S4/HANA vendor number.
 - If a suitable garment/s that meets the clinical needs of the patient is not available from a Queensland Health approved distributor, it may be ordered in accordance with local HHS processes and approval.
 - All orders for garments should be accompanied by a written quote attached to the order form and include the supplier's information and all associated costs (regardless if they are a Queensland Health approved distributor).
- Eligible consumers are entitled to two garments per body part in a single supply process. Replacement garments should be prescribed based on review of clinical need.
- The compression garment prescription must be no more than 6 months old and reflect a recent assessment undertaken by an eligible practitioner.

The clinical prescription/order form must be returned to the 'residential' HHS of the person. To find a health care facility by region go to: <http://www.health.qld.gov.au/services/default.asp>.

Patient Details			
Name:		Date of Birth:	
Sex:			
Address:			
Contact phone number:		Email:	
Medicare Card Number		Expiry:	
Services Australia Concession	<input type="checkbox"/> Pensioner Card <input type="checkbox"/> Health Care Card		
Card Number		Expiry:	
Diagnosis and Condition			
Diagnosis:	Choose an item.	Condition:	Choose an item.
Referred by:	Choose an item.	Referral date:	
Body parts requiring garments:	<input type="checkbox"/> Hand <input type="checkbox"/> Arm <input type="checkbox"/> Lower leg <input type="checkbox"/> Whole leg <input type="checkbox"/> Other please specify		
Patient Eligibility			
I confirm the patient is eligible for the Scheme, including that they: <ol style="list-style-type: none"> Have a documented diagnosis of lymphoedema (in a referral from an appropriate practitioner or Queensland Health medical record)? Are aged 16 years of age or older? Are not being treated for lymphoedema as a hospital in-patient? Are a permanent resident of Queensland? Have a Medicare card and a Services Australia (Centrelink) card (Pension or Health Care Card), OR holds a permanent Protection Visa, Humanitarian Visa or is an asylum seeker (Subclass 866 Protection Visa)? Are not able to receive a fully funded compression garment through another state or federally funded program or third-party insurance (e.g., private health insurance)? 			<ol style="list-style-type: none"> Choose an item. Choose an item. Choose an item. Choose an item. Choose an item. Choose an item.
Supply information			
As the prescribing practitioner, I confirm: <ol style="list-style-type: none"> I have sighted the patient's identification and other documents, to confirm their eligibility for the Scheme. I have assessed that the patient will be able to don and doff the prescribed garment. The patient has committed to wearing the garment(s) as prescribed. The patient has agreed to collect the garment(s) from the prescriber and attend future appointments for garment fitting and monitoring (unless otherwise arranged with the prescribing clinician). 			<ol style="list-style-type: none"> Choose an item. Choose an item. Choose an item. Choose an item.

Prescribing Lymphoedema Therapist Details			
Prescriber Name:			
Profession:			
HHS Facility or Practice Name:			
Practice Address (if non-Queensland Health):			
Contact phone number:		Email:	
Prescriber eligibility:	<input type="checkbox"/> I am eligible to prescribe compression garments in accordance with section 7.2 of the Guideline AND <input type="checkbox"/> I am an Australian Lymphology Association (ALA) Accredited Lymphoedema Practitioner on the National Lymphoedema Practitioners Register OR <input type="checkbox"/> I am eligible to be registered as an ALA Accredited Lymphoedema Practitioner (as per the Guideline) and can provide evidence upon request OR <input type="checkbox"/> I have successfully completed the Queensland Health Compression garment, selection, fitting, and monitoring education package on iLearn (with the support of a lymphoedema therapist).		
Prescriber Declaration			
<p>By completing, signing, and submitting this form, I confirm the following:</p> <ol style="list-style-type: none"> I have read, understand and agree to comply with the Compression Garments for Adults with Lymphoedema: Eligibility, Supply and Costing Queensland Health Guideline. I agree to the information contained within this form being used by Queensland Health to: <ul style="list-style-type: none"> Confirm my eligibility as a prescribing practitioner within the Guideline Comply with Commonwealth Government reporting requirements Contact me if further information is required. I have obtained consent from the patient to provide their information to Queensland Health for the purposes of prescribing and supplying compression garments within the Guideline. I understand, and have communicated to the patient, that this application is not a formal approval or guarantee of service. I have assessed the patient as being eligible in accordance with the Guideline and local HHS policies and procedures and have sighted their relevant identification and documents. The information that I have supplied on this application is true and correct to the best of my knowledge. 			
Name			
Signature		Date	

Attachment A – Ready to Wear Order Form

 <p>Queensland Government</p> <p>Ready-to-wear Compression Garment Order Form</p>	<p>Patient Name:</p> <p>Patient DOB:</p> <p>Therapist Name:</p> <p>Therapist contact details for garment query:</p>		
<p>Eligible patients may be prescribed a Therapeutic Goods Administration (TGA) approved medical compression garment/s from the distributor list below. Other distributors that are not listed below and provide TGA approved compression garments might be available locally. Consider the approval process and any additional elements including price, delivery cost and timeline. Complete all information required to ensure the appropriate garment is provided. All orders should be accompanied by a written quote from the distributor attached to the order form and include all necessary order details.</p> <p>The garment order code and details regarding the garment style and sizing must be obtained by the prescriber from the distributor.</p> <p>When ordering multiple garments (e.g. sleeve and glove) a separate order form for each garment is be required.</p>			
<p>LIMB: Choose an item.</p>	<p>GARMENT ORDER CODE:</p>	<p>Quantity:</p>	<p>Cost:</p>
<p>ORDER NUMBER: <input type="checkbox"/> 1st order <input type="checkbox"/> 2nd order <input type="checkbox"/> Re-order*</p> <p>* Provide re-order rationale: (e.g. change in patients condition requiring change to prescription, clinician error)</p>			
<p>Queensland Health approved DISTRIBUTORS</p>			
<p><input type="checkbox"/> BSN Medical (S4/HANA vendor - 3028835)</p> <p><input type="checkbox"/> CLIFFORD HALLAM HEALTHCARE (S4/HANA vendor - 3016959)</p> <p><input type="checkbox"/> Sentry Medical (S4/HANNA vendor – 3017277)</p> <p><input type="checkbox"/> Haddenham Healthcare Ltd (S4/HANA vendor – 3025929)</p> <p><input type="checkbox"/> Lohmann & Rauscher Pty Ltd (S4/HANA vendor - 3029492)</p> <p><input type="checkbox"/> Medi Australia Pty Ltd (S4/HANA vendor - 3018903)</p> <p><input type="checkbox"/> Morris Medical (S4/HANA vendor – 3026995)</p> <p><input type="checkbox"/> OPC Health (S4/HANA vendor – 3018365)</p> <p><input type="checkbox"/> Other local HHS approved vendor:</p>			



**Queensland
Government**

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 or provide a written quote.

Relevant manufacturer measurement forms must be attached to this order form. These forms are changed frequently and should be obtained from the supplier directly at regular intervals.

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 X-small Small Medium Large X-large

NUMBER: 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 Class 2 Class 3 Class 4
15-20mmHg 20-30mmHg 30-40mmHg 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 B –Custom Garment Order Form

 <p>Queensland Government</p> <p>Custom-made Compression Garment Order Form</p>	Patient Name: Patient DOB: Therapist Name: Therapist contact details for garment query:
<p>ONLY ONE custom garment should be ordered in the first instance and if clinically assessed as suitable when fitted, another garment may be ordered.</p>	
<p>ORDER NUMBER: <input type="checkbox"/> 1st order <input type="checkbox"/> 2nd order <input type="checkbox"/> Re-order*</p> <p>* Provide re-order rationale: (e.g., change in patients condition requiring change to prescription, clinician error)</p>	
<p>1. PROVIDE RATIONALE (Tick all boxes that apply and provide a rationale)</p> <p><input type="checkbox"/> Custom garment style / configuration required.</p> <p><input type="checkbox"/> Does not fit into ready-to-wear size compression garments.</p> <p><input type="checkbox"/> Compression level required is not available in ready-to-wear garments -Compression level required:</p> <p><input type="checkbox"/> Other reason (specify)</p> <p>Provide further information regarding rationale for custom garment order:</p>	
<p>PROVIDE GARMENT DETAILS (Attach accompanying quote)</p>	
Distributors	<p><input type="checkbox"/> BSN Medical (S4/HANA vendor - 3028835)</p> <p><input type="checkbox"/> CLIFFORD HALLAM HEALTHCARE (S4/HANA vendor - 3016959)</p> <p><input type="checkbox"/> Sentry Medical (S4/HANNA vendor – 3017277)</p> <p><input type="checkbox"/> Haddenham Healthcare Ltd (S4/HANA vendor – 3025929)</p> <p><input type="checkbox"/> Lohmann & Rauscher Pty Ltd (S4/HANA vendor - 3029492)</p> <p><input type="checkbox"/> Medi Australia Pty Ltd (S4/HANA vendor - 3018903)</p> <p><input type="checkbox"/> Morris Medical (S4/HANA vendor – 3026995)</p> <p><input type="checkbox"/> OPC Health (S4/HANA vendor – 3018365)</p> <p><input type="checkbox"/> Other local HHS approved vendor:</p>
Garment description (list each garment)	