



Client Referral Form

Call 1800 254 354
(7am to 8pm, 7 days a week)

Client Details

Name

DOB

Sex

Address

Phone

Parent / Legal Guardian/ Carer

Contact Name

Client identifies as

Aboriginal

Torres Strait Islander

Aboriginal & Torres Strait Islander

Neither

Referral date

Hospital URN

Medicare Number

Is the patient currently in hospital?

Yes

No

Ward:

Has the patient consented to this referral?

Yes

No

Has the patient consented to IUIH Mob Link accessing medical records from with the IUIH Network of services, if available?

Yes

No

Other relevant information eg: EPA / Legal orders / Guardian arrangements

Yes

No

Reason for referral: Note: Please attach any supporting documents (ie Discharge summary, OT report)

Referrer Details

Name

Phone

Email

Organisations

Position

Department

Note: Contact cannot be made with patient until referral and consent is completed

Send referral via:
FAX: 3205 8666

EMAIL: moblink@iuih.org.au





1800 254 354
Connecting Mob to Services & Care

Mobility Aid Prescription Guidelines

- Please note we are a connection service, and clients need to be referred to post acute care team/ palliative care teams/other programs accordingly
- Please ensure you complete Page 4 so your referral can be actioned promptly
- Disregard this page onwards if you are not applying for medical aids.

Purpose

This document is a guide for clinicians when prescribing mobility aids to adult clients. This document is to be used by occupational therapists, physiotherapists and any students who are involved in the delivery of discipline specific services.

Commonly prescribed equipment

Physiotherapists and occupational therapists regularly prescribe the following mobility aids for discharge:

Physiotherapy	Occupational Therapy
<ul style="list-style-type: none">• Single point stick• Quad point stick (typically mini-quad)• Axillary crutches• Canadian/forearm crutches• Hopper frame• Two wheeled hopper frame• Forearm support frame (special circumstance)• Four wheeled walker	<ul style="list-style-type: none">• Shower chair• Shower stool• Over toilet frame• Bath transfer bench• Wheelchair (OT or physiotherapist to prescribe (sizing) and justify need)• Pressure Cushion (OT or physiotherapist to prescribe (sizing) and justify need)• Mobility scooter if deemed necessary

Ordering/purchasing equipment

- When the clinician identifies a client's need for equipment/mobility aid, they will also provide information and support to access appropriate and available funding.
- Funding might include:
 - medical Aids Subsidy Scheme (MASS) applications
 - letter to support purchase of item through home care package level 3 or 4 (MAC)
 - department of Veterans Affairs (DVA)
 - National Disability Insurance Scheme (NDIS)
 - seek funding through Care Coordination and Supplementary Service (CCSS) or Mob Link
 - options for client funded or contribution.

Funding Options Flow Chart and Details



MASS application process

Apply through MASS if mobility aid is intended for inside the home. The client must have a Centrelink card and not already accessing a level 3/ 4 aged care package. Aids through MASS may take up to 6-16 weeks to be approved and delivered. If the client can wait this long:

1. arrange MASS trial through supplier of specific walker/aid
2. Trial aid in home
3. If trial successful, complete MASS application form & source MASS specific quote from supplier to be submitted with application.

If required for community access or required urgently, this item can be sourced through Mob Link if they meet the criteria.

MAC package

If client is on a level 3/4 home care package (HCP) then the mobility aid must be sourced through their package funds. If this information is unknown:

1. ring MAC (client must be with you) to ask if they are on the system or are receiving a package / any services
2. if on a package, MAC will advise of the level (1-4) and who they are contracted to (Anglicare/ Bluecare etc)
3. contact the contracted provider to ask if there are enough funds to purchase the recommended equipment and how the cost will impact the client (e.g. they may need to weigh up the cost of the equipment vs ceasing regular in home supports for a short period of time or continuing services and funding equipment through other avenues (Mob Link)
4. if the client receives IUIH Age Care services and is on a level 3 /4 age care package and has funding available in package. Complete an 'Age Care Funding Request Form' and send to Age Care Service with quote for approval. Await notification of approval and then order equipment.

Note: Access to CHSP (Commonwealth Home Support Program – where the client pays a subsidised amount for services) is different to being on HCP (Package Levels 1-4 which have a capped amount of money to be spent on weekly services or equipment).

Information required

The following are handover information that will help with a faster, safer and effective continuation of care. Please complete in full. Requests will be rejected without this information. Referrals must be received up to 72 business hours in advance to discharge. Please note that Mob Link has limited capacity on weekends.

Client Details				
Name				
DOB		Height		Weight
Reason for admission:				Expected Discharge Date:
Current function:				
Previous/baseline function:				
Home environment: <i>E.g access, internal, bathroom set up, circ space</i>				
Supports:				
Has Client been referred to Post Acute Care Program?	Yes	No		
Goals:				
Barriers to achieving goals:				
Weight bearing status:	Next outpatient review date if known (particularly for clients with restricted WB status)			
Aid(s)/equip required: <i>*If prescribing a w/c, please include measurements/size</i>				
Tried and safe Yes No	Comments if Yes. Justification of safety if No.			
Hire or Purchase	Length of time aid required			
Prescriber details and consent to contact	Full Name: Profession: Email or phone contact:			



Considerations when prescribing mobility aids:

4 Wheeled Walker Prescription Considerations

Common:

- Safe working limit (e.g. standard (<130kg*)/ bariatric (<270kg*)) *general figure and dependent on brand
- Seat height & handle height (petite / standard /tall)
- Width of seat for clients seated hip width
- Weight of the walker and relative strength/ social support for aid transportability if required
- Size of wheels (6" more maneuverable & lightweight vs 8" more stable & better for outdoor use)
- Width of the walker for doorways (especially if narrow doors)
- Size of the walker vs boot of the car if needed for community access

Less common:

- Brakes style (e.g. standard brakes / push down)
- Folding direction – front to back / side to side
- Basket / no basket
- Attachment needs (e.g. SPS / oxygen)

Wheelchair prescription considerations

- Attendant propelled vs manual wheelchair
- Safe working limit
- Size - width and depth of seat required (W x L)
- Accessories required – e.g stump support, elevating leg rest
- Home environment – access, internal

Client Factors Affecting Use of Mobility Aids

- Individual characteristics such as confidence
- Physiological factors eg. height and weight
- Balance and coordination
- Cognition for safe use e.g. of brakes, crutches
- Weight bearing restrictions by specialist
- Muscle tone, length, strength, endurance
- Topography / terrain, indoors/outdoors
- Sensory perception, kinaesthesia, proprioception
- Intent, goal or motivation, emotional state
- Cost, availability of aid
- Level of dependence
- Availability of carer and supports available

