|  |
| --- |
| **Please indicate program**[ ]  CHSP [ ]  TCP [ ]  RIHHT [ ]  Other       |
| **Client Details** | **(DES Internal Use only) ESIS ID:**       | **CME Client No.**       |
| Phone       Date of Birth        |
| Prefix  Last Name       First Name       |
| Preferred Name       Gender [ ]  M [ ]  F [ ]  Non-binary |
| Email       |
| Usual Address       |
| Suburb       | Postcode       |
| Interpreter required [ ]  Y Primary Language:       [ ]  N  |
| Weight (KG) [ ] <90 [ ] >90 [ ] >110 [ ] >120 [ ] >130 [ ] >150 [ ] >170 [ ] >190 [ ] >210 |
| **Alternate Contact** (if applicable) [ ]  Guardian [ ]  Other Preferred Contact? [ ]  Y [ ]  N |
| Name       | Relationship       |
| Phone       | Email       |
| Equipment Request Details |
| Delivery (Address if not as above/contact person/phone/special needs) [ ]  Contact assessor before delivery |
|       |
|       |
| **Safety instructions** (Precautions/alerts for DES delivery staff only to see) [ ]  Nil Alerts [ ]  Alerts (provide details)       |
| Time: [ ]  AM[ ]  PM[ ]  Any Priority: [ ]  Standard [ ]  Urgent (additional cost applies)(Exact hour not available) | Quantity | Is this a replacement item | Can a substitute item be offered |
| DES Item code (if available) | EQUIPMENT DESCRIPTION |
|       |        |  |  |  |
|       |        |  |  |  |
|       |       |  |  |  |
|       |       |  |  |  |
|       |       |  |  |  |
|       |       |  |  |  |
| Assessor Details & Checklist |
| Name       | Profession       | Date       |
| Team       | Email       |
| Phone       |  |
| [ ]  I have assessed the client and believe the items will meet their needs[ ]  I agree to complete follow up contact with the client once the equipment is delivered to assure suitability |
|  Submit for Approval / Supply |
| [ ]  I am an RDNS clinician – Submit to DES des.frontdesk@sa.gov.au[ ]  I am NOT an RDNS staff member – submit to RDNS SA/Domiciliary Care Services - **Fax number 1300 295 679** |
| RDNS Internal Use Only |
| [ ]  External request check complete Processed by       Date       |