



Application for Positive Airway Pressure (PAP) Equipment

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. More information about how DVA manages personal information is available from <https://www.dva.gov.au/about-us/overview/legal-resources/privacy>

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.

Client Delivery Details

Surname

Given names

Address

POSTCODE

Delivery address
(if different to above)

POSTCODE

Telephone number

Mobile number

Email address

Date of birth

DVA File number

Card type

Gold ☐

White ☐

Please contact DVA on 1800 550 457 or email RAPGeneralEnquiries@dva.gov.au to check eligibility under the client's Accepted Disability(ies).

Current hospital inpatient?

No ☐

Yes ☐

▶ Name of hospital

Discharge date (if known)

Specialist Physician Details (Respiratory or Sleep Physician)

Name

Speciality

Address

POSTCODE

Telephone number

Fax

Email address

Provider number

Specialist Physician signature

Date

Sleep Clinic Details

Clinic name

Contact person

Telephone number

[]

Fax

[]

Other Assessing Health Provider Details

GP ☐ Physio ☐ RN ☐

Name

Address

POSTCODE

Telephone number

[]

Fax

[]

Email address

Provider number

Signature



Date

/ /

Equipment Request

After a PAP machine has been issued, clients or their assessing health provider can initiate a request for PAP consumables, when no prior approvals are required.

Requests for PAP consumables can be via telephone or in writing. Replacement of PAP consumables should occur at a minimum of every 12 months, but may occur more frequently depending on individual clinical need.

PAP device / machine

☐ New ☐ Replacement ☐ Additional (*please complete details below*)

Does the client have a PAP device/machine?

No ☐

► For initial provision of a DVA PAP machine there will be a mandatory trial for up to 30 days to ensure that the most appropriate machine is provided.

Yes ☐

► Name of PAP Supplier

Is the client compliant with PAP treatment?

No ☐

Yes ☐

Does the client require a short term rental of a travel CPAP?

No ☐

Yes ☐

Note: Travel CPAP will only be provided on a short term basis up to 3 months.

PAP consumables and accessories

☐ Mask ☐ Tubing ☐ Other

Exceptional circumstances – Prior approval is required for the supply of non-contracted PAP items or when a second or additional machine is required. Please provide clinical reason(s).

Supplier choice

You must select a supplier

Air Liquide Healthcare ☐

ResMed ☐

PART A

Sleep Study Results

Diagnostic Sleep Study

Date

/ /

Diagnosis

☐

OSA

☐

CSA

☐

REM sleep hypoventilation

☐

Neuromuscular weakness

☐

Other, please specify

Please attach a copy of the sleep study report, plus any relevant clinical information e.g. copy of specialists letter.

PART B

Prescription

☐

Fixed Pressure CPAP

Pressure

cmH2O

☐

Auto Titration CPAP

Pressure

Min

cmH2O

Max

☐

Bi-level

Pressure

IPAP

cmH2O

EPAP

Rate

auto or

breaths/min

☐

Adaptive PAP (ASV)

IPAP

Max

cmH2O

EPAP

Max

cmH2O

Min

PS

Max

cmH2O

Min

Rate

auto or

breaths/min

PART C

Mask Details

☐

Full Face Mask

Size

Model

☐

Nasal Mask

Size

Model

☐

Nasal Pillows

Size

Model

☐

Other

Positional Devices

Accessories

Size

☐

Chin strap

☐

Filters (select one):

☐

Reusable

☐

Disposable

☐

Hypoallergenic

☐

Other

If this is a request for a replacement mask, was the previous mask issued by DVA?

No ☐

Yes ☐

Date of previous mask issue

/ /

If date of previous issue is less than 3 months, please give reason for new mask

Any further instructions?

DVA Rehabilitation Appliances Program

Contracted Suppliers of Positive Airway Pressure (PAP) Products

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
ResMed	1800 625 088	1800 647 259	supportcentre@resmed.com.au

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:

<https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/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