

HOME OXYGEN REQUEST FORM

NOTE:

- The Respiratory physician's approval is required before home oxygen is organized.
- **48 hours notice is required** to allow for parental education in regards to equipment use, safety aspects, procedures for re-ordering and delivery of oxygen. Delivery to country areas may take longer.
- **Complete Part A and forward to Department of Respiratory Medicine (Fax 9340 8181)**

PART A

<p>PATIENT DETAILS: (Place sticker)</p> <p>Inpatient details: Ward: _____ Ext No. _____ Expected Date of Discharge: _____</p>	<p>Mother's name: _____ Mother's mobile: _____ Father's name: _____ Father's mobile: _____ Home Phone: _____ Place of employment _____ Work Contact No _____</p>
<p>REFERRAL DETAILS: Referring Consultant: _____ Signature: _____</p>	<p>Date of referral: _____</p>
<p>Referral Source: <input type="checkbox"/> Respiratory <input type="checkbox"/> Neurology <input type="checkbox"/> Cardiology <input type="checkbox"/> General Paeds <input type="checkbox"/> Oncology</p>	<p>Diagnosis: _____</p> <p>Prescribed Flow Rate: L/MinHr/day <input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent <input type="checkbox"/> Overnight</p>
<p>Duration of Referral: <input type="checkbox"/> Long term (12 months) <input type="checkbox"/> Short term (3 months)</p>	<p>Referral is for the duration specified. A new referral will be required if oxygen provision is to continue beyond this, or if there is a change in the prescribed flow rate or Hr/day.</p>
<p>Respiratory Physician: (on call) Name: _____ Signature: _____</p>	<p>Approved: Yes/No</p>

PART B: (to be completed by caregivers at time of in-service)

Alternative Contact (Relative, friend not living at same address)

Name _____ Phone(H) _____
 Address _____ (M) _____
 _____ Relationship to child: _____

CONDITIONS:

- The items(s) are loaned on the understanding that all safety guidelines will be adhered to and reasonable care taken to prevent damage to the equipment.
- Notice of maintenance and service schedules will be acknowledged.
- Parent/guardian agrees to return the equipment when requested by Respiratory Medicine

PARENTS/GUARDIAN'S SIGNATURE: _____ Date: __/__/__