

# EMS Equipment Advice Request Resource Document April 2021



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What is the primary diagnosis that causes problems with everyday activities?

**Enter Primary Diagnosis Comments** 



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What other conditions/diagnosis impact on the person's function?

**Enter Secondary Diagnosis Comments** 

NDD

<ul><li>Notes</li></ul>		



#### **Functional Loss**

What is the person's functional loss resulting in the need for equipment and/or modifications?

**Enter Functional Loss Comments** 



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Who does the person live with?

**Enter Living Situation Comments** 



Person's Roles and Responsibilities, work or study role?  Einter Person's Roles and Responsibilities Comments  Einter Person's Roles and Responsibilities Comments			
Does the person have main carer responsibilities, work or study roles?	Person's Roles and Responsibilities		· Nata
			Notes
Enter Person's Roles and Responsibilities Comments			
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Social Support What social supports (paid and unpaid) are in place or available?	
Enter Carial Comments Comments	
Enter Social Supports Comments  Discuss sustainability in relation to the person's formal/informal supports here	
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	ADD



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What type of property or environment does the person live in?

**Enter Home Environment Comments** 



Body Measurement  Are there any height/weight/stature/ factors to consider?	• Notes
Enter Body Measurement Comments	
ADD	

## Alternative Options Considered/Trialled & Sustainability



Main Issues	
Description of the person's main issues/functional loss related to this request	
Does this person have Challenging Behaviours related to this request	*
If Yes, please describe	
Relevant EMS Funding Criteria	•
Solutions	
Proposed Solution	
Alternative Options Considered/Trialled	
Outcome to be Achieved	
Additional Information	
Discuss sustainability in relation to the equipment solution here	