



**Australian Government**  
**Department of Veterans' Affairs**

## **Instructions for the completion of the Medical Grade Footwear (MGF) Prescription Form**

### **Section A - Client's Details (Health Provider to complete)**

You must complete this section that requests details on the MGF requirement by providing as much information as possible for the footwear supplier. In particular, it is important that you determine the type of MGF service that is clinically required i.e. whether existing footwear can be modified or repaired or whether new MGF is to be supplied. If new MGF is required you must specify the type, whether it is ready made extra depth width footwear or custom made footwear.

DVA has a MGF Register which is supplied by contracted MGF suppliers. The list of DVA contracted MGF and list of suppliers are available on the DVA website. DVA will not fund stock footwear from retail stores or shoes sold by podiatrists.

Specific details of any modifications that are clinically required should also be provided i.e. additions to be made on the MGF. Consideration should first be given to prescribing specific MGF items that already include the required shoe specification e.g. where a velcro strap is required, an item from the MGF Register that includes a velcro strap should be prescribed, rather than a lace-up shoe that requires modifying.

If prescribing custom MGF, you must also provide details of any additions to be made during the manufacture of the shoe, in accordance with the entitled person's assessed clinical need e.g. rocker bottom soles.

Any other instructions for the supplier that will ensure the entitled person receives the most clinically appropriate MGF service should be provided (on a separate piece of paper if necessary).

If you are unsure as to which specific footwear may be most appropriate for the entitled person, please contact DVA. You can also liaise with the MGF supplier regarding the details of footwear, modifications or repairs to be prescribed.

### **Section B - Medical Grade Footwear Details (contracted supplier to complete)**

The supply of footwear must be in accordance with the Notes for Medical Grade Footwear Suppliers.

Footwear must not differ from that requested on this prescription form, unless consultation is made with the assessing health provider and an agreement reached, and must be selected from the MGF Register.

You need to send the prescribed MGF along with a copy of this form, to the assessing health provider for the initial supply before payment request can be lodged with the Department of Human Services.

Any queries should be directed to the assessing health provider.

### **Section C - Acquittal (Health Provider to complete)**

Once you are satisfied with the MGF, you must complete this section to acquit the MGF. Please keep the completed form in the client's file. Any concerns over the fit or quality of the MGF, please liaise with the MGF supplier in the first instance.



## Privacy

Personal information is protected by law, including the *Privacy Act 1988*. 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.

[Read more: How DVA manages personal information.](#)

Please keep a copy for your records

## SECTION A Client's Details (to be completed by Health Provider)

1. Client's surname	<input type="text"/>		
2. Client's given name(s)	<input type="text"/>		
3. DVA file number	<input type="text"/>		
4. Client's address	<input type="text"/>		
	POSTCODE		
5. Telephone number	<input type="text"/>		
6. Card type	<input type="checkbox"/> Gold	<input type="checkbox"/> White (please contact DVA to check eligibility under the client's Accepted Disability(ies). Please call 1300 550 457)	
7. Footwear issue	<input type="checkbox"/> First	<input type="checkbox"/> Second	<input type="checkbox"/> Recreational (requires prior approval)
8. Footwear category	<input type="checkbox"/> Custom	<input type="checkbox"/> Ready-made	<input type="checkbox"/> Ongoing repairs/modifications
9. Style	<input type="checkbox"/> Shoe	<input type="checkbox"/> Sandal	<input type="checkbox"/> Boot
10. Specify DVA register brand, style or number	<input type="text"/> DVA register brand	<input type="text"/> Style	<input type="text"/> Number
11. Footwear modifications/repairs (please list)	<input type="text"/>		
12. Relevant clinical information to justify request for MGF: NB: comprehensive clinical notes must be kept in the client's clinical file.	<input type="text"/>		
13. Current footwear history	<input type="text"/>		
14. Other supportive clinical information attached	<input type="checkbox"/> Tracings	<input type="checkbox"/> Measurements	<input type="checkbox"/> Photos
15. Does the client require a home visit by the supplier?	<input type="checkbox"/> No	<input type="checkbox"/> Yes - please provide reason why?	<input type="text"/>

## Assessing Health Provider's Details

16. Provider name	<input type="text"/>		
17. Practice name and address	<input type="text"/>		
	<input type="text"/>		
	POSTCODE		
18. Telephone number/Fax	<input type="text"/>	Fax	<input type="text"/>
19. Email address	<input type="text"/>		

**SECTION A Client's Details (to be completed by Health Provider) cont...****20. Provider number****21. Assessing health provider's signature**

Date

 /  /**Replacement issue****22. For replacement of previous issued MGF please complete the following:**

Brand

Style

Colour

**23. Date of issue** /  /**24. I have taken possession of this condemned pair of MGF**

No

Yes

**25. Signed**

Date

 /  /**SECTION B Medical Grade Footwear Details (to be completed by MGF Supplier)****26. Manufacturer's name**

Brand

Style

Colour

Size/Width

Item code

Price

 \$

List type of modifications

  
  

Item code

Price

 \$

Item code

Price

 \$

Item code

Price

 \$**Supplier Details****27. Supplier's name****28. Practice name and address**

POSTCODE

**29. Telephone/Fax number** [ ]

Fax

 [ ]**30. Email address****31. Provider number****32. Supplier's signature**

Date

 /  /

**SECTION C Acquittal (*to be completed by Health Provider*)**

*This should occur at time of review appointment not at initial issue of MGF*

33. Does the MGF issued to client match the supplier MGF description?  No  Yes

34. Does the MGF fit the client's foot structure and meet their clinical needs?

No - why?

No - why?

2

**35. The MGF supplied are acquitted**  No  Yes

No

Yes

**36. Health Provider's signature**

1

Date