

**CYSTIC FIBROSIS QUEENSLAND (CFQ) HOSPITAL REQUEST FROM
RESPIRATORY EQUIPMENT/SERVICES**

CLIENT/PARENT/ALLIED HEALTH PRACTITIONER

*****Physiotherapist to complete all details on this form*****

Name of client	
Name of parent	
CFQ Member (please circle)	Y N (Please contact CFQ to arrange Membership)
Address for delivery	
Email	
Phone	
Client/parent to complete: I understand that the information above will be collected by CFQ:	
Signature of client/parent	Date
I confirm that the client is ineligible for government funded respiratory equipment.	Type and size of respiratory equipment/service required for client and comments:
_____ Name of referring physiotherapist	
_____ Signature MATER HOSPITAL	
Contact details	07 3163 8111

Please return completed form to services@cfqld.org.au

**1 If patient has a Centrelink Healthcare card, equipment is provided by the hospital using stock from the Medical Aids Subsidy Scheme (MASS). One piece of equipment per six months.
Eligibility criteria <https://www.health.qld.gov.au/mass/hospitals>
If patient does not have a Centrelink Healthcare card, or is otherwise ineligible for MASS, and is a member of CFQ, complete this form and forward to CFQ.*

A COPY OF THIS DOCUMENT IS TO ACCOMPANY EQUIPMENT PROVIDED BY CFQ