Irish Life health

Request for preauthorisation for the use of Negative Pressure Wound Therapy

NOTE- This preauthorisation is for use when the member is not being referred to the Health in the Home service

Hospital Details

Requesting Clinician	
Requesting Hospital	
Phone number	
Email	

Patient Details

Name	
Address	
Phone Number	
Date of Birth	
Irish Life Health Membership Number	
Proposed date to commence treatment	

To be Completed by the Requesting Consultant

Please confirm the following:

	YES	NO
Pressure Ulcer Stage III	◯	◯
Pressure Ulcer Stage IV	◯	◯
Venous or Arterial Insufficiency Ulcer	◯	◯
Diabetic foot ulcer	◯	◯
Complications of a surgically created wound (e.g. dehiscence)	◯	◯
Trauma wound or post-operative wound with a medical necessity for accelerated wound healing	◯	◯

Wound Information:

Wound location			
Measurements (LxWxD)			
Is there tracking or undermining?	Yes ◯	No ◯	

Negative Pressure Wound Therapy information :

Type of treatment		VAC ◯	SNAP ◯	Prevena ◯
Type of foam		Black ◯	White ◯	Silver ◯
Size of foam		Small ◯	Medium ◯	Large ◯
Potential Duration of Treatment	1 Month ◯	3 Months ◯	6 Months ◯	6 Months+ ◯

Who will be completing the dressing?	Public Health Nurse ◯	Practice Nurse ◯	Returning to OPD ◯	Community Tissue Viability Nurse (TVN) ◯
	Community Intervention Team (CIT) ◯	Other– please state: ◯		

Declaration

I hereby confirm that the Negative Pressure Wound Therapy Preauthorisation is being sought as an integral part of treatment and that the member has agreed to this treatment.

I confirm that the member also consents to this information being shared with third parties deemed necessary by Irish Life Health to carry out this treatment

I/we confirm that all the details, answers and information given in this form are true, accurate and complete. I/we confirm that I/we am/are giving my/our permission to you to use the information I/we have given on this form for the purposes set out in the Irish Life Health Privacy Notice which can be found at http://www.irishlifehealth.ie/privacy-and-legal/privacy-statement/

Signature (requesting Consultant)	
Date:	