

# *care2home* | HEN and NDIS Support Program

Patient Name: \_\_\_\_\_

Patient Date of Birth \_\_\_\_\_

Patient Address: \_\_\_\_\_

State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Patient Phone Number: \_\_\_\_\_ Mobile: \_\_\_\_\_

**FEED DELIVERY TYPE:**

- Kangaroo Joey Pump
  - Kangaroo ePump
  - Kangaroo Connect Pump
  - Syringe (Bolus)
  - Gravity
  - Giving Set Product Code: \_\_\_\_\_
- Other: \_\_\_\_\_

**FEEDING TUBE TYPE:**

- NG Tube Fr size \_\_\_\_\_
- NJ Tube Fr size \_\_\_\_\_
- Initial Placement PEG Fr size \_\_\_\_\_
- G Tube Fr size \_\_\_\_\_
- Skin Placement Device Fr size \_\_\_\_\_
- Other Fr size \_\_\_\_\_

Name of Feed: \_\_\_\_\_

Feeding Regimen: \_\_\_\_\_

Flush Regimen: \_\_\_\_\_

Other Notes: \_\_\_\_\_

**For more information please call 1300 824 663 or email [care@regalhealth.com.au](mailto:care@regalhealth.com.au)**