



CMEDS EQUIPMENT LOAN REQUEST

(To be completed by the client's therapist)

*Mandatory Fields

Equipment Loan Request Form Submission Date: _____

CLIENT INFORMATION					
*Name:			*DOB (MM/DD/YYYY):		<input type="checkbox"/> Palliative
*Height:	*Width:	*Depth:	*Leg Length:		*Weight:
*Address:		*City:	*Province:	*Postal Code:	
PARENT/CAREGIVER INFORMATION					
Name:		Phone:		Email:	
THERAPIST INFORMATION					
Name:			Facility:		
Email:		Phone:		Fax:	
<input type="checkbox"/> Therapist has discussed with the family to allow the release of their contact and private information for HME to contact them <input type="checkbox"/> Therapist would like to be present for delivery					
DELIVERY					
Within Lower Mainland					
<input type="checkbox"/> Deliver to Home or Facility (specify address): _____ <input type="checkbox"/> Family pick up at HME Richmond #130 - 4011 Viking Way Richmond, BC V6V 2K9					
Outside of Lower Mainland <i>(If equipment needs setup or install, client's family must courier to one of the following medical suppliers for setup below)</i>					
<input type="checkbox"/> Courier to Home or Facility (specify address): _____ <input type="checkbox"/> Courier to local Medical Supplier (select 1 supplier below)					
<input type="checkbox"/> HME Home Health Victoria <input type="checkbox"/> Vernon Motion <input type="checkbox"/> Kelowna Motion <input type="checkbox"/> Penticton Motion		<input type="checkbox"/> Castlegar Kootenay Columbia Home Medical Equipment <input type="checkbox"/> Kamloops National Seating & Mobility Canada <input type="checkbox"/> Nanaimo National Seating & Mobility Canada (Advanced) <input type="checkbox"/> Vernon National Seating & Mobility Canada		<input type="checkbox"/> Cranbrook Kootenay Columbia Home Medical Equipment <input type="checkbox"/> Kelowna National Seating & Mobility Canada <input type="checkbox"/> Prince George National Seating & Mobility Canada	

EQUIPMENT					
If dimensions of seat width and depth are provided, CMEDS will build equipment to those specifications.					
MANUAL WHEELCHAIR			POWER WHEELCHAIR		
Seat Width:		Seat Depth:	Seat Width:		Seat Depth:
Wheelchair Type: <input type="checkbox"/> Folding <input type="checkbox"/> Rigid <input type="checkbox"/> Tilt <input type="checkbox"/> Hemi Height <input type="checkbox"/> Transport			Tilt: <input type="checkbox"/> With Tilt <input type="checkbox"/> Without Tilt		
Seat to Floor (no cushion):			Drive Type: <input type="checkbox"/> Mid-Wheel <input type="checkbox"/> Rear Wheel		
Backrest Height:			Joystick: <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Attendant		
Headrest:		Footrests:	Seat to Floor (no cushion):		Backrest Height:
Seatbelt Type: <input type="checkbox"/> Standard <input type="checkbox"/> Other: _____			Headrest:		
Transit Option: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Stoller Handle			Footrests:		
<input type="checkbox"/> Anti Tippers <input type="checkbox"/> Laptray <input type="checkbox"/> Calf Pad			Seatbelt Type: <input type="checkbox"/> Standard <input type="checkbox"/> Other: _____		
Cushion Type:		Size:	Transit Option: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Backrest Type:		Size:	<input type="checkbox"/> Anti Tippers <input type="checkbox"/> Laptray <input type="checkbox"/> Calf Pad		
Notes:			Cushion Type:		Size:
			Backrest Type:		Size:
			Notes:		

Ministry of Children and Family Development - All CMEDS Equipment Loan Requests must be submitted to MCF.

Email: MCF.MedicalBenefitsProgram@gov.bc.ca

Toll-Free Phone: 1 (888) 613-3232

Fax: 1 (250) 356-2159

