



# CMEDS EQUIPMENT LOAN REQUEST FORM

Date: \_\_\_\_\_

CLIENT INFORMATION					
Name:			DOB (MM/DD/YYYY):		<input type="checkbox"/> Palliative
Height:	Width:	Depth:	Leg Length:	Weight:	
Address:		City:	Province:	Postal Code:	Phone:

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 Victoria	<input type="checkbox"/> Castlegar Kootenay Columbia Home Medical Equipment
<input type="checkbox"/> Courtenay Island Mediquip	<input type="checkbox"/> Kamloops National Seating & Mobility Canada
<input type="checkbox"/> Kelowna Motion	<input type="checkbox"/> Nanaimo National Seating & Mobility Canada (Advanced)
<input type="checkbox"/> Penticton Motion	<input type="checkbox"/> Vernon Motion
<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	<input type="checkbox"/> Vernon National Seating & Mobility Canada

## EQUIPMENT

MANUAL WHEELCHAIR	
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	
Seat to Floor (no cushion):	
Backrest Height:	
Headrest:	
Footrests:	
Seatbelt Type: <input type="checkbox"/> Standard <input type="checkbox"/> Other: _____	
Transit Option: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Anti Tippers <input type="checkbox"/> Laptray <input type="checkbox"/> Calf Pad <input type="checkbox"/> Stoller Handle	
Cushion Type:	Size:
Backrest Type:	Size:
Notes:	

POWER WHEELCHAIR	
Seat Width:	Seat Depth:
Tilt: <input type="checkbox"/> With Tilt <input type="checkbox"/> Without Tilt	
Drive Type: <input type="checkbox"/> Mid-Wheel <input type="checkbox"/> Rear Wheel	
Joystick: <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Attendant	
Seat to Floor (no cushion):	
Backrest Height:	
Headrest:	
Footrests:	
Seatbelt Type: <input type="checkbox"/> Standard <input type="checkbox"/> Other: _____	
Transit Option: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Anti Tippers <input type="checkbox"/> Laptray <input type="checkbox"/> Calf Pad <input type="checkbox"/> Stoller Handle	
Cushion Type:	Size:
Backrest Type:	Size:
Notes:	

