



MOBILITY & ACCESSIBILITY

**CMEDS Equipment Return Form**

(This form may be completed by Therapist or Parent)

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

Client Name: \_\_\_\_\_

Client Address: \_\_\_\_\_

Client Phone Number: \_\_\_\_\_

Therapist: \_\_\_\_\_

Therapist Phone Number: \_\_\_\_\_

Was equipment funded by At Home Program? Yes No

If non-AHP equipment, indicate type of equipment and condition:

\_\_\_\_\_  
\_\_\_\_\_

Equipment to be picked up:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the equipment have CMEDS barcode?

If so, barcode number(s): \_\_\_\_\_

Is the equipment damaged Yes No

(Note: heavily damaged equipment will not be returned and can be disposed by client)

Email the form to [cmedsreturns@hmebc.com](mailto:cmedsreturns@hmebc.com) for equipment in Lower Mainland and Vancouver Island. For equipment outside these areas, please fax it to your nearest sub dealer as listed on the website ([www.hmebc.com/cmeps-program/](http://www.hmebc.com/cmeps-program/))