

Childrens Medical Equipment Distribution Service

Date:		Date Needed:	
Client Info:			
Client name:		Phone:	Height/Weight:
Address:		City:	Parent/Guardian:
Therapist Info:			
Name:		Facility:	Phone:
Email:		Fax:	
<input type="checkbox"/> Therapist has discussed with the family to allow the release of their contact and private information to HME in order to contact them			
<input type="checkbox"/> Please check if Therapist would like to be present for delivery			

Delivery Information:			
If client in lower mainland:			
<input type="checkbox"/> Deliver to Home/Facility (specify address):			
<input type="checkbox"/> Client family to pick-up at HME Mobility: #130 4011 Viking Way, Richmond			
If client is outside of lower mainland: (please note if equipment needs setup/install, must courier to local medical supplier for setup below)			
<input type="checkbox"/> Courier to Home/Facility (specify address):			
<input type="checkbox"/> Courier to Local Medical Supplier:			
<input type="checkbox"/> HME Mobility Victoria	<input type="checkbox"/> PG Surg Med- Vernon	<input type="checkbox"/> North Coast Home Medical Equipment- Terrace	<input type="checkbox"/> Advanced Mobility Nanaimo
<input type="checkbox"/> Creative Mobility Vernon	<input type="checkbox"/> PG Surg Med- Prince George	<input type="checkbox"/> Kootenay Columbia Home Medical Equipment- Cranbrook	<input type="checkbox"/> Island Mediquip Courtenay
<input type="checkbox"/> Creative Mobility Penticton	<input type="checkbox"/> PG Surg Med- Kamloops	<input type="checkbox"/> Kootenay Columbia Home Medical Equipment- Castlegar	
<input type="checkbox"/> Creative Mobility Kelowna			

Equipment			
<input type="checkbox"/> Manual Wheelchair		<input type="checkbox"/> Power Wheelchair	
Seat Width: Seat Depth:		Seat Width: Seat Depth:	
Type: <input type="checkbox"/> Folding <input type="checkbox"/> Rigid <input type="checkbox"/> Tilt <input type="checkbox"/> Hemi Height <input type="checkbox"/> Transport		<input type="checkbox"/> With Tilt <input type="checkbox"/> Without Tilt Drive: <input type="checkbox"/> Mid-Wheel <input type="checkbox"/> Rear Wheel	
Seat to Floor (no cushion): Backrest Height:		Joystick: <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Attendant	
Headrest:		Seat to Floor (no cushion): Backrest Height:	
Footrests:		Headrest:	
Seatbelt Type: <input type="checkbox"/> Standard <input type="checkbox"/> Other:		Footrests:	
Transit Option: <input type="checkbox"/> Yes <input type="checkbox"/> No		Seatbelt Type: <input type="checkbox"/> Standard <input type="checkbox"/> Other:	
<input type="checkbox"/> Anti Tippers <input type="checkbox"/> Laptray <input type="checkbox"/> Calf Pad <input type="checkbox"/> Stroller Handle		Transit Option: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Cushion Type: Size:		<input type="checkbox"/> Anti Tippers <input type="checkbox"/> Laptray <input type="checkbox"/> Calf Pad <input type="checkbox"/> Stroller Handle	
<input type="checkbox"/> Backrest Type: Size:		<input type="checkbox"/> Cushion Type: Size:	
Notes:		<input type="checkbox"/> Backrest Type: Size:	
		Notes:	

Alternative Positioning Chair			
<input type="checkbox"/> Chair	Width:	Depth:	Height:
<input type="checkbox"/> Footrest needed			
Notes:			

<input type="checkbox"/> Scooter	
Make/Model:	Size:
Notes:	

Bathroom Equipment:		Walking Aids	
<input type="checkbox"/> Raised Toilet Seat: <input type="checkbox"/> 2" <input type="checkbox"/> 4" <input type="checkbox"/> with arms		<input type="checkbox"/> Walker <input type="checkbox"/> stationary <input type="checkbox"/> 2 wheels <input type="checkbox"/> 4 wheels	
<input type="checkbox"/> Commode: <input type="checkbox"/> wheeled <input type="checkbox"/> stationary <input type="checkbox"/> tilt <input type="checkbox"/> drop arm STF:		<input type="checkbox"/> Anterior <input type="checkbox"/> Posterior Other:	
<input type="checkbox"/> Shower commode: <input type="checkbox"/> no tilt <input type="checkbox"/> with tilt		Handle Height: _____ Size: _____	
<input type="checkbox"/> Paediatric Toilet Support Type: _____ Size: _____		Additional supports needed:	
<input type="checkbox"/> Toilet Safety Frame	<input type="checkbox"/> Bath Board	<input type="checkbox"/> Cane	
<input type="checkbox"/> Tub Grip Model: _____	<input type="checkbox"/> Bath Lift	Type: _____	
<input type="checkbox"/> Bath Tub Transfer Bench: <input type="checkbox"/> Padded <input type="checkbox"/> Unpadded		Handle Height: _____ Size: _____	
Arm on: <input type="checkbox"/> left <input type="checkbox"/> right		Notes: _____	
<input type="checkbox"/> Bath Chair: <input type="checkbox"/> with back <input type="checkbox"/> no back <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large			
Notes: _____		Beds/Mattresses	
		<input type="checkbox"/> Hospital Bed: <input type="checkbox"/> Manual <input type="checkbox"/> Electric <input type="checkbox"/> Trendelenberg <input type="checkbox"/> Enclosure bed	
		<input type="checkbox"/> Bed Rails: <input type="checkbox"/> Half Rails <input type="checkbox"/> Full Rails <input type="checkbox"/> Bed Assist Rail	
Therapy Equipment		<input type="checkbox"/> Mattress: _____ <input type="checkbox"/> Foam Mattress: _____	
<input type="checkbox"/> Ball Size: _____	<input type="checkbox"/> Peanut Ball Size: _____	<input type="checkbox"/> Low Air Loss Mattress: _____	
<input type="checkbox"/> Wedge Size: _____	<input type="checkbox"/> Rolls Size: _____	<input type="checkbox"/> Alternating Pressure: _____	
<input type="checkbox"/> Mat Length: _____ Width: _____ Thickness: _____		<input type="checkbox"/> ROHO Mattress Section (1) amount : _____	
Notes: _____		<input type="checkbox"/> Levelling Pad (1) amount: _____	
		Notes: _____	
Lift Systems		<input type="checkbox"/> Stroller	
<input type="checkbox"/> Floor To Ceiling Pole: <input type="checkbox"/> with superbar Ceiling Height: _____		Type: _____ Size: _____	
<input type="checkbox"/> Floor Lift		Notes: _____	
<input type="checkbox"/> Sit To Stand Lift			
<input type="checkbox"/> Portable Motor Only <input type="checkbox"/> Freestanding <input type="checkbox"/> Tension Mounted		Standers	
<input type="checkbox"/> Sling Type: _____		<input type="checkbox"/> Prone <input type="checkbox"/> Supine <input type="checkbox"/> Sit-to-stand	
Sling Size: <input type="checkbox"/> Child <input type="checkbox"/> Junior <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large		Size: _____	
*Note: CMEDS does not recycle or have access to fixed ceiling tracks or fixed motors		Accessories/supports: _____	
Notes: _____			
Other Equipment (anything not listed):			

Comments or Special Instruction:			

