

## Childrens Medical Equipment Distribution Service

Date:	Date Needed:	Type of Request: <input type="checkbox"/> Short-Term (3 months or less) <input type="checkbox"/> Long-Term <input type="checkbox"/> Trial
<b>Client Info:</b>		
Client name:	Phone:	Height/Weight:
Address:	City:	Parent/Guardian:
<b>Therapist Info:</b>		
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		

<b>Delivery Information:</b>			
If client in lower mainland:			
<input type="checkbox"/> Deliver to Home/Facility			
<input type="checkbox"/> Client family to pick-up at HME Mobility: #130 4011 Viking Way, Richmond			
If client is outside of lower mainland:			
<input type="checkbox"/> Courier to Home/Facility (please note if equipment needs setup/install, must courier to local medical supplier for setup below)			
<input type="checkbox"/> Courier to Local Medical Supplier:			
<input type="checkbox"/> HME Mobility Victoria	<input type="checkbox"/> Creative Mobility Kelowna	<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"/> Island Mediquip Duncan

<b>Equipment</b>			
<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:	
<b>Alternative Positioning Chair</b>		<input type="checkbox"/> Scooter	
<input type="checkbox"/> Chair Width: Depth: Height:		Make/Model:	Size:
<input type="checkbox"/> Footrest needed		Notes:	
<input type="checkbox"/> Overbed Table			
Notes:			

