HME Mobility & Accessibility - #130 4011 Viking Way, V6V 2K9, Phone: 604 821 0075

MCF.MedicalBenefitsProgram@gov.bc.ca **Toll free: 1-888-613-3232** **Fax: 1-250-356-2159**

Childrens Medical Equipment Distribution Service

Date: Date Needed:	Type of Request: ❒Short-Term (3 months or less) ❒Long-Term ❒Trial	
Client Info:		
Client name:	Phone:	Height/Weight:
Address:	City:	Parent/Guardian:
Therapist Info:		
Name:	Facility:	Phone:
Email:	Fax:	
❒ Therapist has discussed with the family to allow the release of their contact and private information to HME in order to contact them		
❒ Please check if Therapist would like to be present for delivery		

Delivery Information:

If client in lower mainland:

❒ Deliver to Home/Facility

❒Client family to pick-up at HME Mobility: #130 4011 Viking Way, Richmond

If client is outside of lower mainland:

❒ Courier to Home/Facility (please note if equipment needs setup/install, must courrier to local medical supplier for setup below)

❒ Courier to Local Medical Supplier:

❒HME Mobility Victoria	❒Creative Mobility Kelowna	❒North Coast Home Medical Equipment- Terrace	❒Advanced Mobility Nanaimo
❒Creative Mobility Vernon	❒PG Surg Med- Prince George	❒Kootenay Columbia Home Medical Equipment- Cranbrook	❒Island Mediquip Courtenay
❒Creative Mobility Penticton	❒PG Surg Med- Kamloops	❒Kootenay Columbia Home Medical Equipment- Castlegar	❒Island Mediquip Duncan

Equipment

❒ Manual Wheelchair	❒ Power Wheelchair
Seat Width: Seat Depth:	Seat Width: Seat Depth:
Type: ❒Folding ❒Rigid ❒Tilt ❒Hemi Height ❒Transport	❒With Tilt ❒Without Tilt Drive:❒Mid-Wheel ❒Rear Wheel
Seat to Floor (no cushion): Backrest Height:	Joystick: ❒Left ❒Right ❒Attendant
Headrest:	Seat to Floor (no cushion): Backrest Height:
Footrests:	Headrest:
Seatbelt Type: ❒Standard ❒Other:	Footrests:
Transit Option: ❒ Yes ❒ No	Seatbelt Type: ❒Standard ❒Other:
❒Anti Tippers ❒Laptray ❒Calf Pad ❒Stroller Handle	Transit Option: ❒ Yes ❒ No
❒Cushion Type: Size:	❒Anti Tippers ❒Laptray ❒Calf Pad ❒Stroller Handle
❒Backrest Type: Size:	❒Cushion Type: Size:
Notes:	❒Backrest Type: Size:
	Notes:
Alternative Positioning Chair	❒ Scooter
❒ Chair Width: Depth: Height:	Make/Model: Size:
❒ Footrest needed	Notes:
❒ Overbed Table	
Notes:	

Bathroom Equipment:

❒Raised Toilet Seat: ❒2" ❒4" ❒with arms

❒Commode: ❒wheeled ❒stationary ❒tilt ❒drop arm |STF:

❒Shower commode: ❒no tilt ❒with tilt

❒Paediatric Toilet Support Type: Size:

❒Toilet Safety Frame | ❒Bath Board

❒Tub Grip Model: | ❒Bath Lift

❒Bath Tub Transfer Bench: ❒Padded ❒Unpadded

Arm on: ❒left ❒right

❒Bath Chair: ❒with back ❒no back

Notes:

Therapy Equipment

❒Ball Size: | ❒Peanut Ball Size:

❒Wedge Size: | ❒Rolls Size:

❒Mat Length: Width: Thickness:

Notes:

Lift Systems

❒Floor To Ceiling Pole: ❒with superbar Ceiling Height:

❒Portable Lift System

❒Sit To Stand Lift

❒Easy Track: ❒freestanding ❒tension mounted

❒Sling Type:

Sling Size: ❒Child ❒Junior ❒Small ❒Medium ❒Large

Notes:

Walking Aids

❒Walker ❒stationary ❒2 wheels ❒4 wheels

❒Anterior ❒Posterior Other:

Handle Height:

Additional supports needed:

❒Cane

Type:

Handle Height:

Notes:

Beds/Mattresses

❒Hospital Bed: ❒Manual ❒Electric ❒Trendelenberg ❒Enclosure bed

❒Bed Rails: ❒Half Rails ❒Full Rails ❒Bed Assist Rail

❒Mattress: | ❒Foam Mattress:

❒Low Air Loss Mattress:

❒Alternating Pressure:

❒ROHO Mattress Section (1) amount :

❒Levelling Pad (1) amount:

Notes:

☐ **Stroller**

Type: Size:

Notes:

Standers

❒Prone | ❒Supine | ❒Sit-to-stand |

Measurements:

Accessories/supports:

Other Equipment (anything not listed):

Comments or Special Instruction: