

Richmond Palliative Care Benefits Program

Type of Request: <input type="checkbox"/> Delivery <input type="checkbox"/> Pickup Address: _____	Requested Service Date: _____ <input type="checkbox"/> Firm Time <input type="checkbox"/> Therapist required to be present
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CLIENT INFORMATION	THERAPIST INFORMATION
Name: _____	Name: _____
Paris #: _____	Therapist #: _____
PPS%: _____	Phone: _____
Phone: _____	Fax: _____
Caregiver Name: _____	
Caregiver's Phone: _____	

MOBILITY	
MANUAL WHEELCHAIRS	WHEELCHAIR ACCESSORIES
<input type="checkbox"/> Transport Wheelchair <input type="checkbox"/> 17" x 16" <input type="checkbox"/> 19" x 16" <input type="checkbox"/> Airgo Fusion Transport Chair & Walker <input type="checkbox"/> Hemi 17.5" (unfinished) <input type="checkbox"/> Standard 19.5" (unfinished) <input type="checkbox"/> Lightweight Manual Wheelchair <input type="checkbox"/> Hemi 17.5" (unfinished) <input type="checkbox"/> Standard 19.5" (unfinished) <input type="checkbox"/> 16" x 16" <input type="checkbox"/> 16" x 18" <input type="checkbox"/> 18" x 16" <input type="checkbox"/> 18" x 18" <input type="checkbox"/> 20" x 18" <input type="checkbox"/> Manual Tilt Wheelchair <input type="checkbox"/> Hemi 17.5" (unfinished) <input type="checkbox"/> Standard 19.5" (unfinished) <input type="checkbox"/> 16" x 16" <input type="checkbox"/> 16" x 18" <input type="checkbox"/> 18" x 16" <input type="checkbox"/> 18" x 18" <input type="checkbox"/> 20" x 18" <input type="checkbox"/> Add Hand Rims	<input type="checkbox"/> Elevating Legrest <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Lap Positioning Belt <input type="checkbox"/> Padded Calf Strap <hr/> <div style="text-align: center; padding: 5px;">BACKRESTS</div> <input type="checkbox"/> Basic Backrest <input type="checkbox"/> Deep Backrest <hr/> <div style="text-align: center; padding: 5px;">CUSHIONS</div> <input type="checkbox"/> Basic Foam Cushion <input type="checkbox"/> ROHO Air Flotation Cushion <input type="checkbox"/> Basic Gel/Foam Cushion <input type="checkbox"/> 2" Low Pro <input type="checkbox"/> 4" High Pro <input type="checkbox"/> Premium Foam Cushion <input type="checkbox"/> Other: _____ Cushion Size: <input type="checkbox"/> 16" x 16" <input type="checkbox"/> 16" x 18" <input type="checkbox"/> 18" x 16" <input type="checkbox"/> 18" x 18" <input type="checkbox"/> 20" x 18"

BEDROOM SAFETY	
BED UNITS	BEDROOM ACCESSORIES
<input type="checkbox"/> Fully Electric Hospital Bed <input type="checkbox"/> Half Side Rails <input type="checkbox"/> Full Side Rails <input type="checkbox"/> Standard Foam Mattress <input type="checkbox"/> LTC 9200 T-Style Mattress <input type="checkbox"/> High-Pressure Distribution Mattress <input type="checkbox"/> Low Air Loss Mattress System	<input type="checkbox"/> Bed Assist Rail for Home Bed <input type="checkbox"/> Overbed Table <input type="checkbox"/> Bed Hoop (Bed Cradle 36") <input type="checkbox"/> Trapeze with Floor Stand <input type="checkbox"/> Trapeze Bar (Hospital Bed)
SPECIALTY MATTRESS OVERLAYS	
<input type="checkbox"/> Leveling Pads # _____ <input type="checkbox"/> ROHO Sections # _____ Indicate desired ROHO section positioning: _____	

Any needed equipment not found on this form must be approved by your supervisor or manager before processing.

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TOILETING	
<p style="text-align: center; background-color: #cccccc; margin: 0;">COMMODES</p> <input type="checkbox"/> Stationary Commode with Splash Guard <input type="checkbox"/> Stationary Heavy-Duty Commode (450 lbs) <input type="checkbox"/> Wheeled, Drop Arm Commode <input type="checkbox"/> EURO-Style Wheeled Commode <input type="checkbox"/> Shower Commode <input type="checkbox"/> With Tilt <input type="checkbox"/> Without Tilt	<p style="text-align: center; background-color: #cccccc; margin: 0;">BATH SEATS & BENCHES</p> <input type="checkbox"/> Bath Chair with Back <input type="checkbox"/> Bath Stool without Back <input type="checkbox"/> Tub Transfer Bench (Padded) <input type="checkbox"/> Bath Board
<p style="text-align: center; background-color: #cccccc; margin: 0;">RAISED TOILET SEATS</p> <input type="checkbox"/> 2" <input type="checkbox"/> 4" <input type="checkbox"/> 5" <input type="checkbox"/> 5" with Arms	<p style="text-align: center; background-color: #cccccc; margin: 0;">OTHER BATH SAFETY</p> <input type="checkbox"/> Bathtub Grip <input type="checkbox"/> Folding Toilet Safety Frame

WALKERS & ROLLATORS
<input type="checkbox"/> Adult Standard Folding Walker (5'4" - 6'4") <input type="checkbox"/> Junior Standard Folding Walker (4'4" - 5'7") <input type="checkbox"/> 2-Wheeled Adult Folding Walker (5" Fixed & Glide Tips) <input type="checkbox"/> 2-Wheeled Junior Folding Walker (5" Fixed & Glide Tips) <input type="checkbox"/> Heavy Duty 2-Wheeled Walker (5" Fixed & Glide Tips) 400 lbs <input type="checkbox"/> 4-Wheeled Walker <input type="checkbox"/> 18" <input type="checkbox"/> 21" <input type="checkbox"/> 24" Handle Height: _____
WALKER ACCESSORIES
<input type="checkbox"/> Platform Attached for Folding Walker <input type="checkbox"/> Left <input type="checkbox"/> Right

LIFTS & SLINGS
LIFTS
<input type="checkbox"/> Tension Mounted Lift <input type="checkbox"/> Freestanding Lift
SLINGS
<input type="checkbox"/> Quick Fit Sling <input type="checkbox"/> Hammock Sling Sling Size: <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large Small (Weight: 20-46 kg / 45-100 lbs) (Height: 120-150 cm / 4'-4"11") Medium (Weight: 46-95 kg / 100-210 lbs) (Height: 151-180 cm / 5'-5"11") Large (Weight: 95-270 kg / 210-600 lbs) (Height: 181 cm+ / 6'+s)

FLOOR TO CEILING POLES
<input type="checkbox"/> Floor to Ceiling Pole Height: _____ Location: _____

CRUTCHES
<input type="checkbox"/> Forearm Crutches <input type="checkbox"/> JR <input type="checkbox"/> Adult <input type="checkbox"/> Tall

SPECIAL INSTRUCTIONS
<p><i>Please indicate if there are any special instructions or requests.</i></p>

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