



## Health Equipment Loan Program - Referral Form - Alberta

**NOTE:** Equipment substitutions must be approved by your Health Care Professional  
Please contact your local Red Cross to confirm equipment availability

Fax form to: \_\_\_\_\_

[www.redcross.ca/help](http://www.redcross.ca/help)

**Client:** Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Birthyear (YYYY): \_\_\_\_\_ Gender: M / F Height (cm/in): \_\_\_\_\_ Weight (kg/lb): \_\_\_\_\_  
*Height / weight is critical to ensure client is provided with suitable, safe equipment*  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_  
 Postal code: \_\_\_\_\_ Personal health number: \_\_\_\_\_  
 Alternate Contact: Name: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

**Adjustable Bath Chair**  
 Bath Chair with back  
 No Back or  Bath stool  
**Bath Board**  
 Flush  
**Bath Transfer Bench**  
 Arm on Right  Arm on Left  
 Padded or  Plastic  
**Bathtub Safety Rail**  
 Clamp On  
 Other \_\_\_\_\_

**Frame Walker**  
 Handgrip to Floor Height: \_\_\_\_\_ inches  
 Two Wheels or  No Wheels  
 Wide  
 Glide Caps (recommended for carpet)  
**Gutter Attachment**  
 Gutter to Floor Height: \_\_\_\_\_ inches  
 Left  Right  Both  
 Walker Tray  
 Side/Hemi Walker  
 Handgrip to Floor Height \_\_\_\_\_ inches

**Wheelchair**  
 Self propelled  Pediatric  
 Reclining  
 Seat Width:  
 12"  14"  16"  18"  20"  
 22"  24"  
**Transport Wheelchair**  
 15"  17"  19"  22" (Width)  
**Seat-to-Floor Height:** (all types)  
 Standard (19")  Hemi (17.5")  
 (All chairs come with footrests)  
**Standard Leg Rests**  Both  
**Elevating Leg Rests**  Both  
 Seat belt

**Commode**  
 Stationary  
 Wheeled  Shower  
 Other: \_\_\_\_\_

**Four Wheeled Walker**  
 Seat to Floor Height: \_\_\_\_\_ inches  
 Handgrip to Floor Height: \_\_\_\_\_ inches  
 Standard  Wide  
 Basket  Tray  
 Other: \_\_\_\_\_

**Cane**  
 Cane Height: \_\_\_\_\_ inches  
 Single  Pair  
**Quad Cane**  
 Right Side  Left Side  
 Small Base  Large Base

**Raised Toilet Seat**  
 2"  4"  5"/6" (Round)  
 Left Cut Out  Right Cut Out  
 5" Round seat w/ arms  
 3.5" Elongated toilet seat w/ arms  
 3.5" Elongated toilet seat elevator  
 Toilet Safety Frame

**Crutches**  
 Crutch Height: \_\_\_\_\_ inches  
 Axilla  Pediatric  
 Forearm  
 Hand grip Height: \_\_\_\_\_ inches  
**Gutter Attachment**  
 Gutter-Floor Height: \_\_\_\_\_ inches  
 Left  Right  Both

**Other**  
 Bed Assist  
 IV Pole  
 Bed Cradle  
 Overbed Table

**Referring Health Care Professional:** Print Full Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Professional Designation (circle one): RN / OT / PT / DR / Other (specify): \_\_\_\_\_  
 Place of Work: \_\_\_\_\_ Anticipated Length of Loan: 1\_\_ 2\_\_ 3\_\_ 4\_\_ 5\_\_ 6\_\_ month(s)  
 Additional Information: \_\_\_\_\_ Surgery Date \_\_\_\_\_  Palliative: Referral Date: MM-DD-YY \_\_\_\_\_