

# Children's Medical Equipment Recycling & Loan Service

Canadian Red Cross – Lower Mainland Region

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**CANADIAN RED CROSS** **CROIX-ROUGE CANADIENNE**

## Request for Equipment

Request date: _____ URGENT ___		<input type="checkbox"/> Short term loan (3 months or less)		<input type="checkbox"/> Long term loan	
<b>CHILD INFORMATION</b>					
				<input type="checkbox"/> At-Home Program / In-Care	
		<input type="checkbox"/> Other			
Child Name:		Weight/Height:		Birthdate:	
Phone:		Parent/Guardian:			
Address:					
Ship To:					
Name & Professional Designation:			Facility/Organization:		
Phone:		Fax:		E-Mail:	
<b>EQUIPMENT</b>					

\*\*\*\*\* (Subject to availability) \*\*\*\*\*

**WHEELCHAIR** (check all those that apply)

Type:  folding  rigid  
 tilt in space  recline  
 transport  hemi-height  
 power  With transit option  
 other \_\_\_\_\_

Seat width \_\_\_\_\_ depth \_\_\_\_\_  
 seat to floor \_\_\_\_\_ back height \_\_\_\_\_

Seating:  none  same as spec form

Armrests:  height adjustable  removable  
 flip-back  full/desk length  
 other \_\_\_\_\_

Hangers:  60"  70"  80"  90"  
 swing away  removable  
 elevating/smartleg

Footrests:  composite  angle adjustable  
 plate

Brakes:  push  pull  
 extensions  attendant

Wheels:  12"  18"  20"  22"  24"  
 \* (subject to STF)  
 air  polyurethane  solid  
 mag-rim  spoke rim

Casters:  3"  4"  5"  6"  7"  8"  
 \* (subject to STF)  
 air (only available in 8")  
 aluminium  composite rims

Options: seat belt type \_\_\_\_\_  
 stroller handles  ankle huggers  
 chest strap tray size \_\_\_\_\_  
 other \_\_\_\_\_

**Powerchair Options**

Joystick:  left  right  center  attendant

Drive:  center  rear  front

Tilt:  manual  electric

**Scooter** Type \_\_\_\_\_  
 \* (subject to availability)

**SEATING**

No seating required, client has custom seating

Cushion: type \_\_\_\_\_  
 size \_\_\_\_\_

Backrest: type \_\_\_\_\_  
 size \_\_\_\_\_

Head Support: type \_\_\_\_\_  
 size \_\_\_\_\_  
 mounting type \_\_\_\_\_

Other Comments: \_\_\_\_\_

**TOILETTING AIDS**

Raised Toilet Seat:  clamp on  bubble  
 with arms  2"  4"

Commode:  wheeled  stationary  
 shower  tilt  
 type \_\_\_\_\_ size \_\_\_\_\_"  
 Height of seat from floor \_\_\_\_\_"  
 \* (if available)

Toilet Safety Frame: \_\_\_\_\_ Standard

Paediatric Toilet Support: size: \_\_\_\_\_"  
 model: \_\_\_\_\_

height back  low back  padded  unpadded

Other Comments: \_\_\_\_\_

**BATHING AIDS**

Tub Transfer Bench:  padded  unpadded  
 either

Arm on  right  left

Bath Chair:  back  no back

Bath Board:  flush  raised

Tub Grip: model \_\_\_\_\_

Bath Tub Lift: model \_\_\_\_\_

Paediatric Bath Seat: model \_\_\_\_\_  
 size \_\_\_\_\_

Accessories Needed: \_\_\_\_\_

Bath Support:  padded  unpadded  
 high back  low back  
 size \_\_\_\_\_

**Child Name:** \_\_\_\_\_

**TRANSFER AIDS**

Grab bar(s): describe and mark location  
Wall Mounted  Floor Mounted   
 12"  18"  24"  32"  
Other \_\_\_\_\_ location \_\_\_\_\_  
Handipole: height \_\_\_\_\_ location \_\_\_\_\_  
*and do LOJ to MCFD with quote for Installation*  
Trapeze Bar:  freestanding  to bed  
Patient Lift:  hydraulic floor  power floor  
 ceiling  
Sling Type \_\_\_\_\_ size \_\_\_\_\_"  
**OT must be present for lift delivery**  
Other Comments: \_\_\_\_\_

**THERAPY EQUIPMENT**

Ball: size \_\_\_\_\_ type \_\_\_\_\_  
Peanut: size \_\_\_\_\_  
Wedge: height \_\_\_\_\_ width \_\_\_\_\_  
rise \_\_\_\_\_  
Rolls: length \_\_\_\_\_ diameter \_\_\_\_\_  
Mat: length \_\_\_\_\_ width \_\_\_\_\_  
thickness \_\_\_\_\_  
Other comments \_\_\_\_\_

**ENVIRONMENTAL FURNITURE**

Chair: width \_\_\_\_\_" depth \_\_\_\_\_" STF \_\_\_\_\_"  
type \_\_\_\_\_ use with seating  Y  N  
Corner Seat: size \_\_\_\_\_" back height \_\_\_\_\_"  
Chair: size \_\_\_\_\_ model \_\_\_\_\_  
Table: width \_\_\_\_\_" depth \_\_\_\_\_" cut-out \_\_\_\_\_"  
Height Range Required: \_\_\_\_\_  
Angle Adjustment Required  Y  N  
Other comments: \_\_\_\_\_

**STROLLER**

umbrella style/light weight  jogger  
 speciality stroller  all-terrain  
 tilt-in-space  reclining  
model \_\_\_\_\_ size \_\_\_\_\_  
Other Comments \_\_\_\_\_

**OTHER EQUIPMENT NOT LISTED ABOVE:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**COMMENTS/SPECIAL INSTRUCTION**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**STANDERS**

Type:  prone  supine size: \_\_\_\_\_  
Model: \_\_\_\_\_  
Accessories Required: \_\_\_\_\_  
Other Comments : \_\_\_\_\_

**WALKING AIDS**

**Walker** model: \_\_\_\_\_ size: \_\_\_\_\_"  
Handle height \_\_\_\_\_"  
 2 wheels  4 wheels  
 seat  basket  tray  
 hand brakes  drag brakes  
 swivel locks  antiroll back wheels

**Gait Trainer**

model \_\_\_\_\_ size \_\_\_\_\_  
accessories required \_\_\_\_\_

**Cane**

height \_\_\_\_\_ handle type \_\_\_\_\_  
type: single point \_\_\_\_\_ quad \_\_\_\_\_

**Crutches**

height \_\_\_\_\_ type \_\_\_\_\_

**BEDS/MATTRESSES**

Hospital Bed:  manual  full-electric  
 semi-electric  
 trendelenberg  
 reverse trendelenberg  
Type Of Mattress: size \_\_\_\_\_  
 foam mattress  
 alternating pressure  
 low air loss  
 Roho # of sections needed \_\_\_\_\_  
 Sofflex  
 levelling sections # of sections needed \_\_\_\_\_  
 overlay description \_\_\_\_\_  
Bed Rails:  full  half  
 bed assist bar  over bed table  
Other Comments: \_\_\_\_\_