**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/Territory:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postal Code:\_\_\_\_\_\_\_\_\_\_\_\_ Personal Health Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Family Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alternate Contact Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Alternate Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Adjustable Bath Chair** Back or No Back **Bath Board** Flush **Bath Transfer Bench** Arm on Right Arm on Left Padded or Plastic**Bathtub Safety Rail** Clamp On or SuctionOther \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Frame Walker**Handgrip to Floor Height: \_\_\_\_\_inchesTwo Wheels or No Wheels Pediatric Wide Glide Caps/Skis (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  Transport Seat Width: 12” 14” 16” 18” 20”  22” 24”Seat-to-Floor Height:  Standard (19”) Hemi (17.5”)(All chairs come with footrests) **Elevating Leg Rests**  Right Left Both **Seat belt**  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| **Commode**Stationary Pediatric Wheeled Shower Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Four Wheeled Walker**Seat to Floor Height: \_\_\_\_\_\_\_\_\_inchesHandgrip to Floor Height: \_\_\_\_\_inches Standard Wide Basket TrayOther: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Cane**Cane Height: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_inches Single Pair**Quad Cane** Right Side Left Side Small Base Large Base |
|  **Raised Toilet Seat** 2” 4” 5”/6”  Left Cut Out Right Cut Out Clamp On No Clamp 5” With Attached Arm Rests Elongated toilet seat elevator **Toilet Safety Frame**  | **Crutches**Crutch Height: \_\_\_\_\_\_\_\_\_\_\_\_\_ inches Axilla Pediatric ForearmHand grip Height: \_\_\_\_\_\_\_\_\_\_\_inches **Gutter Attachment**Gutter-Floor Height: \_\_\_\_\_\_\_\_\_inches Left Right Both | **Other** Bed Assist  IV Pole Bed Cradle Overbed Table **Foam Cushion** (not avail. in all sites) 16”x 16” 18” x 16” 18” x 18” |

**Referring Health Care Professional:** 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Referral Date: MM-DD –YY \_\_\_\_\_\_\_\_\_\_\_