**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 Suction  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Frame Walker**  Handgrip to Floor Height: \_\_\_\_\_inches  Two 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: \_\_\_\_\_\_\_\_\_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”  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  Forearm  Hand 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 \_\_\_\_\_\_\_\_\_\_\_