## Health Equipment Loan Program—Short Term Loan Referral Form—BC/Yukon

**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

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### Client Information

- **Last name:**
- **First name:**
- **Phone Number:**

- **Birthyear (YYYY):**
- **Gender:** M / F
- **Height (cm/in):**
- **Weight (kg/lf):**

**Height / weight is critical to ensure client is provided with suitable, safe equipment.

### Address Information

- **Postal code:**
- **City:**
- **Province/Territory:**

### Equipment Information

- **Commode:**
  - Stationary
  - Pediatric
  - Wheeled
  - Shower
  - Other: ____________________________

### Additional Equipment

- **Adjustable Bath Chair**
  - Back
  - No Back

- **Bath Board**
  - Flush

- **Bath Transfer Bench**
  - Arm on Right
  - Arm on Left
  - Padded
  - Plastic

- **Bathtub Safety Rail**
  - Clamp On
  - Suction

  Other: ____________________________

- **Frame Walker**
  - Handgrip to Floor Height: _______ inches
  - Two Wheels
  - 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

- **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

### Referral Information

- **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 __________

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