

ALS Equipment Loan Pool

This form may be completed by a Therapist or Client

Date: _____

Client Name: _____

Client Address: _____

Client Phone Number: _____

Therapist: _____

Therapist Phone Number: _____

Is the equipment damaged Yes No

(Note: heavily damaged equipment will not be returned and can be disposed of by client)

Items NOT to be Returned - Valued Under \$500.00	
<ul style="list-style-type: none"> 2-Wheel Walker Bathroom Safety Equipment Example: TSF, RTS, TTB, shower stools Bed Cradle Bed Rails Bed Wedges Canes Gel Commode Overlays IV Poles 	<ul style="list-style-type: none"> No Wheeled Walker Overbed Tables Perching Stool Superpole and Superbars Swing Away Lift Tables Threshold Ramps Transfer Belts Transfer Boards Trapeze Bars

Please indicate which items you want to return by circling or checking the corresponding boxes below.

Items to be Returned - Valued Over \$500.00	
<ul style="list-style-type: none"> <input type="checkbox"/> 4 Wheeled Walkers/Hybrid Walker <input type="checkbox"/> All Mattresses and toppers <input type="checkbox"/> Backrests <input type="checkbox"/> Cushions <input type="checkbox"/> Floor lifts / Slings <input type="checkbox"/> Hospital Beds (Invacare IVC) <input type="checkbox"/> Lift Motors & Poles / Slings <input type="checkbox"/> Lift & Recline Chair <input type="checkbox"/> Low Air Loss Mattress 	<ul style="list-style-type: none"> <input type="checkbox"/> Manual Tilt Chair <input type="checkbox"/> Manual/Transport Wheelchairs <input type="checkbox"/> Portable ramps / Rubber Ramps <input type="checkbox"/> Power Chair <input type="checkbox"/> Rare Medical Equipment (inquire) <input type="checkbox"/> ROHO Mattress Sections/level pads <input type="checkbox"/> Scooter <input type="checkbox"/> Shower Commodes (Tilt or non-tilt) <input type="checkbox"/> Tub Buddy

(Please note that the items in the "Items NOT to be Returned" table are valued under \$500 and are NOT to be returned as the economic value of returning them is not there. These items may be disposed of or recycled by the patient.)

Email completed form to Billie Doyle at equipmentloan@alsbc.ca.