



# ALS Society of BC - Assistive Equipment Prescription Form

Phone - 604-809-9577 Fax - 604-278-4257

Order Type:

Order Date:

Client:

Sur Name: First Name:

Therapist: Requisitioned by:

Street Address:

Professional Designation:

City: Postal Code:

Telephone: Email:

Client Phone: Alt Telephone:

## Delivery Information

IF CLIENT IS IN THE LOWER MAINLAND:

- Address is different than above - Specify address in the Additional Information below
  - Client family to Pick-up, (please consider if Client is local to Lower Mainland & no installation is required)
- Phone #: Client Name:

## IF CLIENT IS OUTSIDE Greater Vancouver Area (GVRD):

- Deliver to Home/Facility *Please note: we use a courier to deliver items regionally. The courier does NOT install, set-up or transport heavy items (i.e. L/R chairs) into the home. If the items need the above attention, you must select the Local Medical Supplier option below.*

### Deliver to Local Medical Supplier

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> HME Victoria                                     | <input type="checkbox"/> PG Surg Med - Vernon         | <input type="checkbox"/> Lakeside Medical - Vernon          |
| <input type="checkbox"/> Advanced Mobility - Nanaimo                      | <input type="checkbox"/> Kootenay Medical - Creston   | <input type="checkbox"/> Lakeside Medical - Salmon Arm      |
| <input type="checkbox"/> Island Mediquip - Courtenay                      | <input type="checkbox"/> Kootenay Medical - Castlegar | <input type="checkbox"/> Advanced Medical - Sechelt/Gibsons |
| <input type="checkbox"/> Island Mediquip - Campbell River goes to Nanaimo | <input type="checkbox"/> Motion - Kelowna             | <input type="checkbox"/> Self Care - Squamish/Whistler      |
| <input type="checkbox"/> PG Surg Med - Dawson Creek, P.G., Quesnel        | <input type="checkbox"/> Motion - Penticton           | Medichair - P.G./Northern BC                                |
| <input type="checkbox"/> PG Surg Med - Kamloops                           | <input type="checkbox"/> Salt Spring Medical          | Other _____   |

Healthcare Professional would like to be present at delivery

This equipment request is:  Urgent  Necessary  Optional

## Mobility Aids

- Cane (select one)       Quad Cane       Regular Cane      Handle Height
- Folding Stationary Walker      Handle Height
- 2 Wheeled Walker      Handle Height
- 4 Wheeled Walker - Stander
- 4 Wheeled Walker       23" Tall       21" Reg       19" Petite      Handle Height
- Hybrid Rollator & Transport Chair      Seat Height
- 20"
- 23"

## Manual Wheelchairs & Scooters

- Transport Wheelchair (select one)       17 inches       19 inches
- Scooter       3 wheeled       4 wheeled       Heavy Duty
- Manual Wheelchair      (width) x      (depth)      Seat to floor height without cushion in inches
- Manual Tilt Wheelchair      (width) x      (depth)
- Back Height (inches)      Seat to floor height without cushion in inches

## Power Wheelchairs

- With Tilt       Without Tilt
- Seat Width (inches)      Seat Depth (inches)
- Back Height (inches)      Seat to Floor Measurement (without cushion in inches)
- Drive Preference:       Mid-Wheel Drive       Rear-Wheel Drive
- Control:       Right Side       Left Side       Attendant Control
- Control Type:       Joystick       Goalpost       Dome Style

## Wheelchair Options

- Seatbelt
- Full Lap Tray      1/2 Lap Tray       Left       Right      (width) x      (depth)
- Headrest Specifications      Gel       ROHO High Profile
- Footrests:       Platform       Elevating       Swing-Away       Foam Basic       ROHO Low Profile
- Backrest contour:       Mild       Moderate       Aggressive      Preferred Brand      Jay Union standard profile
- Calf Pad      (size)

## Bathroom Aids

- Bath Seat       With Back       Without Back      Contour Deluxe Bath Chair
- Raised Toilet Seat       With Arms       Without Arms       2"       4"       6"      Elongated Raised Toilet Seat is not available
- Toilet Safety Frame
- Commode       Stationary       Wheeled       Drop arm?       Action Gel Pad
- Aquatec Wheeled Shower Commode       With Tilt       Without Tilt
- Tub Transfer Bench       Arm on Right       Arm on Left (Client's view)
- Clamp-on Tub Grip
- Bathboard
- Electric Bath Lift
- Independence II Powered Lift Toilet Seat Riser (very limited availability)

## Lifts

Select one:

- Electric Portable Patient Floor Lift
- Tension mounted 2 post lift system     Freestanding
- Hammock Sling (select size)     Small     Medium     Large (1 sling per patient member)
- Quick Fit Sling (select size)     Small     Medium     Large (1 sling per patient member)
- Waverly Glen Universal Spacer Sling     Small     Medium
- Sit to Stand Lift (limited number available)
- Automatically send Band Sling (1 per patient member)

## Beds & Accessories

- Invacare Full Electric IVC Hospital Bed     Full Rails     1/2 Rails
- Combination Layer Foam Mattress     No Sensus     Firmer     Sensus     Softer
- ROHO Sections #
- Levelling Pads #    **Bed Extension**
- | <b>Head</b>   |                                |                                      | <b>Foot</b>                    |
|---|--------------------------------|--------------------------------------|--------------------------------|
| <input type="checkbox"/> ROHO1  | <input type="checkbox"/> ROHO2 | <input type="checkbox"/> ROHO3       | <input type="checkbox"/> ROHO4 |
| LP1   | <input type="checkbox"/> LP2   | <input type="checkbox"/> LP3         | <input type="checkbox"/> LP4   |
| V4 Mattress   |                                |                                      |                                |
| T style mattress system   |                                |                                      |                                |
| Low Air Loss Mattress (limited number available, contact ALS Society)   |                                |                                      |                                |
| Overbed Table   |                                |                                      |                                |
| Trapeze Bar (limited number available, select one): <input type="checkbox"/> Trapeze bar w. floor stand <input type="checkbox"/> Trapeze bar for hospital bed |                                |                                      |                                |
| Portable Bed Rail   |                                |                                      |                                |
| 7" Bed Wedge with Incontinent cover   |                                | 10" Bed Wedge with Incontinent cover |                                |

## Misc. Equipment

- IV Pole
- Lift Recline Chair     Small: under 5'3"     Medium: 5'3" to 6'0"     Large: over 6'0"
- Repose Overlay     Mattress     Lift Chair
- Overbed Table for Lift Chair    Right     Left (Client's View)
- Floor to Ceiling Pole    (Height of ceiling)     Without Arm     With Arm
- Transfer Board    length
- Transfer Belt (select size)     Small     Medium     Large

- |   |                                      |                                       |  |
|---|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Headmouse (select one)                           | <input type="checkbox"/> PC Computer | <input type="checkbox"/> MAC Computer | <input type="checkbox"/> Buddy Button Switch   |
| <input type="checkbox"/> Spokeman Voice Amplifier (comes with microphone) |                                      |                                       | <input type="checkbox"/> Spec Switch           |
| <input type="checkbox"/> Mobile Arm Support                               |                                      |                                       | <input type="checkbox"/> Microlight Switch     |
| <input type="checkbox"/> Kensington Track Ball Mouse                      |                                      |                                       | <input type="checkbox"/> Swifty Adapter Switch |
| <input type="checkbox"/> Touch Pad Mouse                                  |                                      |                                       |  |

For other Assistive Technology and Communication Devices, please contact the ALS OT or SLP for consultation

**Additional Information**

The ALS Society of BC strives to deliver the equipment within 2 business days upon the receipt of a prescription for equipment form (for ALS patients in lower mainland), please contact Billie Doyle, Equipment Loan Coordinator at 604-809-9577 or at [equipmentloan@alsbc.ca](mailto:equipmentloan@alsbc.ca) if you have not received feedback about your equipment after 3 days or if you have other concerns on equipment delivery. Note that the delivery outside lower mainland may take longer than usual, our Equipment Loan Coordinator will get in touch with you for details. Thank you

**Notes**