



ALS Society of BC - Assistive Equipment Prescription Form

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

Order Date:

Therapist:

Client:

Sur Name:

First Name:

Professional Designation:

Street Address:

Telephone:

City:

Postal Code:

Email:

Healthcare Professional would like to be present at delivery:

Client Phone:

Client Email Address:

This equipment request is: Required Urgent

Delivery Information

Deliver to Home/Facility (if applicable - see note*)

Deliver to Local Medical Supplier

Please note: we use a courier to deliver items regionally. The courier will NOT install, set-up, nor transport heavy items (i.e. L/C Chair) into the home. If the items need the above attention, a local vendor will be contracted for all services to complete the request. Be advised - Requests that require vendors have a 2-3 week estimated completion time.

(Indicate preferred Vendor if applicable)

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 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

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
- Manual Wheelchair (width) x (depth)
- Manual Tilt Wheelchair (width) x (depth)
- Back Height (inches) Seat to floor height without cushion in inches

Power Wheelchairs

- With Tilt Without Tilt Travel Power Wheelchair (limited supply-call for availability)
- Seat Width (inches) Seat Depth (inches)
- Back Height (inches) Seat to Floor Measurement (without cushion in inches)
- Control: Right Side Left Side Attendant Control
- Control Type: Joystick Goalpost Dome Style

Wheelchair Options

- Seatbelt Calf Pad
- Full Lap Tray 1/2 Lap Tray Left Right
- Headrest Specifications
- Footrests: Platform Elevating Swing-Away
- Preferred Brand of Backrest: _____ (subject to availability)
- Backrest Contour: Mild Moderate Aggressive Backrest Size: (width) _____ (height) _____

Cushions

- (width) x (depth)
- Foam Basic ROHO High Profile
- Gel ROHO Low Profile
- Hybrid

Bathroom Aids

- Bath Seat With Back Without Back Contour Deluxe Bath Chair
- Raised Toilet Seat With Arms Without Arms 2" 4" 6" Elongated
- Toilet Safety Frame
- Commode Stationary Wheeled Drop arm? Action Gel Pad
- 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) TubBuddy - Shower Buddy (contact ELP staff)

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)
- Universal Spacer Sling Small Medium
- Sit to Stand Lift
- Automatically send Band Sling (1 per patient member)
- Client's Height: _____

Beds & Accessories

- Invacare Full Electric IVC Hospital Bed Full Rails 1/2 Rails
- Combination Layer Foam Mattress No Sensus Firmer Sensus Softer
- ROHO Sections # Preferred Brand of Mattress: _____ (subject to availability)
- Levelling Pads # Bed Extension

Head

- | | | | |
|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| <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 |

Foot

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): Trapeze bar w. floor stand 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" Client's Height: _____

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 Ramp _____ (size)

Assistive Technology

- | | | | |
|--|-------------|--------------|------------------------|
| Headmouse (select one) | PC Computer | MAC Computer | Buddy Button Switch |
| Spokeman Voice Amplifier (comes with microphone) | | | Spec Switch |
| Mobile Arm Support | | | Microlight Switch |
| Kensington Track Ball Mouse | | | Swiftly Adapter Switch |
| Touch Pad Mouse | | | |

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