



Equipment Loan Program – Request For Equipment

Please forward to the ALS Society of Alberta's Equipment Loan Program

South Region: Fax 403-228-7752 Email info@alsab.ca Tel 403-228-3857

A digital version of this form is also available at www.alsab.ca

Is this equipment request urgent? Yes No

Client: _____

Date of Request: _____ m/d/yyyy

Client Height: _____ Weight: _____

ALS Client Services Coordinator: _____

Requested by: _____

Therapist Phone: _____

Therapist Email: _____

PLEASE MAKE ARRANGEMENTS TO DEMONSTRATE SAFE USE OF EQUIPMENT BEFORE THE EQUIPMENT IS USED

Do you wish to be present at the time of delivery? YES NO

Therapist confirms application has been made to AADL for large equipment. YES NO

Does the client have extended health benefits? YES NO

Request for Rebate Program:

- Bidet
- Easy Lift Chair

Other comments:

The ALS Society of Alberta will be in touch within 2 business days to address your request.

BATHROOM AIDS:

- Bath Seat (With back)
- Bath Lift (Recline)
- Tub Transfer Bench: Arm on Right Left
- Toilet Safety Frame
- Tub Safety Rail
- Raised Toilet Seat: _____ inches
 - Arms
 - Round or Oval
- Commode: Stationary Wheeled Tilt
- Other? _____

BEDS & ACCESSORIES:

- Full Electric Hospital Bed
- Mattress
- Overlays:
 - Spenco
 - Sheepskin
 - Roho
 - Gel
- Bed Rail: M-Rail
- Sheepskin _____ (Type/size)
- Bed Wedge 7" 10" 12" (Height)
- Overbed Table
- Other? _____

COMPUTER & COMMUNICATION NEEDS

- Laptop
- iPad
- Android Tablet
- Software: _____
- Alternative Mouse: _____
- Speakers
- Switch: _____ (Type)
- Call Bell/ Door Chime Adaptable Call Bell
- Voice Amplifier Wireless Wired
- Microphone: Headset Collar Lapel Neck
- Laser Pointer
- Other? _____

LIFTS (Please allow extra time for site assessments).

Straight run stair lifts provided only.

- Stair lift + Location: _____
- Porch lift + Location: _____
- Ramp + Length (up to 12 feet) _____
- Threshold Ramp + Height + Width _____
- Ceiling Track Assessment + Location _____
- Free standing Track + Location _____
- Lifter Unit (short term only) Ceiling Floor Sit-to-Stand

Please complete AADL Application for lifter

- Slings (Short term loan only) S M L
- Please specify type below: Universal ,
Toileting, Full Body, Sit-to -Stand
- Type: _____

MOBILITY/TRANSFER AIDS:

- Superpole (with super bar)
 - Install Location: _____
 - Ceiling Height: ≤8' >8'
- Walker: 2 Wheeled 4 Wheeled
 - Seat and Handle Height: _____
- Scooter (Lightweight/Transportable Models Provided Only)
- Transfer Sheet
- Transfer Belt
- Other: _____

Please Complete Seating Specifications Below For Wheelchair Requests

- Transporter Chair: 17" or 19"
- Manual Wheelchair
- Tilt-in-Space Manual Wheelchair
- Power Wheelchair; please check all that apply, and we will do our best to fulfill what you have requested.
 - Tilt
 - Recline
 - Elevating Leg Rests
 - Seat Elevation
 - Drive Preference (Mid Rear)
 - Controls: Left Right Attendant
 - Alternative Controls:

Wheelchair Cushion:

Please note we have limited stock of Standard Manual Wheelchairs (Short Term Loan Only)

Seating Specifications:
Width x Depth: _____
Seat to Floor: _____
Seat to Top of Head: _____
Back Height: _____
Front Rigging/Legrests: _____
Armrest Type: _____
Tray: _____

Other: