



## ALS Society of NB and NS - Equipment Loan Form

The ALS Society of New Brunswick and Nova Scotia is a non-profit organization and is not funded by any level of government. Completion of this form will assist our staff in providing the most appropriate piece of equipment **available** in our inventory. The equipment process begins when the office has received the completed equipment loan request. Should you have additional information/diagrams that are helpful, please feel free to attach them to this form.

The ALS Society of New Brunswick and Nova Scotia staff strives to ensure that your equipment is maintained and ready for use when it is delivered to you. However, from time to time, there is need for servicing. There is no charge for servicing providing that the service is due to regular wear and tear. No repair service will be authorized by anyone other than the client service manager. A typical power chair battery can last several years providing it is properly maintained. The ALS of New Brunswick and Nova Scotia has a very vigorous charging schedule for upkeep of our power chairs. Once the battery level drops too low, it is no longer able to maintain a charge. If a power chair is left turned on for too long, it will deplete the battery and will require new ones. These costs will not be covered by the ALS Society of New Brunswick and Nova Scotia. No modifications are to be made to any of the equipment provided by the ALS Society of New Brunswick and Nova Scotia without written consent.

Once completed, please fax your request form to 902-453-3646 or email to [tcooper@alsnbns.ca](mailto:tcooper@alsnbns.ca) or [dblanchard@alsnbns.ca](mailto:dblanchard@alsnbns.ca)

### Personal Information

Date: \_\_\_\_\_

Client's Surname: \_\_\_\_\_

First Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Requisition by: \_\_\_\_\_

Professional Designation: (eg. Dr., OT, PT) \_\_\_\_\_

Email: \_\_\_\_\_

Phone No. \_\_\_\_\_

900 Windmill Road, Suite 113, Dartmouth, NS B3B 1P7

Email: [tcooper@alsnbns.ca](mailto:tcooper@alsnbns.ca) or [dblanchard@alsnbns.ca](mailto:dblanchard@alsnbns.ca) Toll Free: 1-866-625-7257 Fax: 902-453-3646



## ALS Society of NB and NS - Equipment Loan Form

### Delivery Information

- ☐ Delivery to Home or Nursing Facility( provide address)  
☐ Client Family to pick-up  
Contact Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_
- ☐ Address same as above
- ☐ Hospital : (Name, address and room number)
- ☐ Healthcare Professional would like to be present at time of delivery  
Contact Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

### Bathroom Aids

- ☐ Bath Seat (select one)      ☐ With Back      ☐ Without Back  
☐ Raised Toilet Seat (select one)      ☐ With Arms      ☐ Without Arms  
\_\_\_\_\_ inches (height) Please note that we may not have the exact height in stock and may have to substitute
- ☐ Commode  
Drop arms needed ☐ yes      ☐ no
- ☐ Wheeled Shower Commode  
Tilt needed ☐ yes      ☐ no
- ☐ Tub Transfer Bench (select one)      ☐ Arm on Right      ☐ Arm on Left
- ☐ Electric Bath Lift (limited supply)



## **ALS Society of NB and NS - Equipment Loan Form**

### **Beds & Accessories**

**Bedside Tables are sent out as complete units with hospital bed and can't be requisitioned individually**

- ☐ Hospital Bed with side rails
- ☐ Standard Mattress
- ☐ Roho Mattress
- ☐ Bedside Table

### **Communication**

One of the greatest challenges people living with ALS have is communication. Approximately 75% of all people diagnosed with ALS will need some form of communication assistance. ALS NB-NS has a limited inventory of communication equipment at this time (see list below).

- ☐ IPADS- I pads come with standard Text to Speech Applications. These applications are provided by ALS NB-NS. Additional applications are permissible to be added to the iPad at the expense of the client.
- ☐ Chattervox
- ☐ Buddy Buttons- **only a few currently inventory**
- ☐ Eye Gaze Technology- **only 1 unit in inventory**
- ☐ Blue 2 Switch - **(2 in current inventory)**
- ☐ Kensington Roller Ball **(2 in current inventory)**
- ☐ Head Mouse **(small quantity in inventory)**

### **Lifts-**

**All lifts will be certified by authorized dealer within the calendar .**

- ☐ Portable Patient Lift

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☐ Sit to Stand Lift

### Sling (1 sling per patient lift)

☐ Hammock Sling (select size)      ☐ Small      ☐ Medium      ☐ Large  
☐ Universal/Quick fit sling (select size)      ☐ Small      ☐ Medium      ☐ Large

### Miscellaneous Equipment

☐ IV Pole  
☐ Lift Recline Chair  
☐ Transfer Board \_\_\_\_\_ length  
☐ Transfer Belt (currently have small quantity)  
☐ M-Rail or Acorail

### Mobility Aids

#### Walkers

☐ Folding Stationary Walkers (handle height) \_\_\_\_\_  
☐ 2 Wheeled Walkers (handle height) \_\_\_\_\_  
☐ 4 Wheeled Walkers (handle height) \_\_\_\_\_

**There is limited supply of folding stationary walkers and two wheeled walkers. In the event that your choice is not available you will be contacted by the Client Services Manager for an alternate choice.**

**Manual Wheelchairs & Scooters**      \*Please make sure that you fill out wheelchair and cushion options below.

☐ Transport Chair  
☐ Scooter      ☐ Four Wheeled  
☐ Manual Wheel Chair \_\_\_\_\_ (width) x \_\_\_\_\_ (depth)  
☐ Manual Tilt Wheelchair \_\_\_\_\_ (width) x \_\_\_\_\_ (depth)

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☐ Back Height \_\_\_\_\_ inches      ☐ Seat to Floor Measurement (without cushion) \_\_\_\_\_ inches

#### Power Wheelchairs

\*Please note that fully completed information assists the society in providing the closest available match to your request. Exact brands may not be available. No power chair will be delivered without a wheelchair accessible ramp or other appropriate grade level and safe entry way and confirmation of door measurements. A site visit/photo may be required. Failure to charge batteries will result in replacement. If batteries are not charge 2-3 times a week, the client will be responsible for charges that apply to battery replacement. No modifications are to be made to any piece of equipment belonging to the society without written consent.

☐ Power wheelchair

☐ With-Tilt      ☐ Without Tilt

Seat Width: \_\_\_\_\_ inches

Seat Depth: \_\_\_\_\_ inches

Back Height: \_\_\_\_\_ inches

Seat to floor Measurement (without cushion): \_\_\_\_\_ inches

Control:      ☐ Right Side

☐ Left Side

☐ Attendant Control

Control Type:      ☐ Joystick

☐ Goalpost

#### Wheelchair Options

☐ Seatbelt

☐ Anti-Tippers

☐ Lap tray

☐ Headrest

☐ Footrests

☐ Platforms

☐ Elevating

☐ Swing-away

☐ Backrest contour

☐ Mild

☐ Moderate

☐ Aggressive

#### Cushions

\_\_\_\_\_(width) x \_\_\_\_\_ depth

☐ Gel

☐ Roho High Profile

☐ Foam Basic

☐ Roho Low Profile

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