

Home Accessibility & Equipment Assessment Guide

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CLIENT

Name _____
 Address _____
 Phone _____ Date _____
 Height _____ Weight _____

REFERRED BY

OT / Therapist _____
 Agency / Clinic _____
 Phone _____ Email _____
 Case / Claim # _____

FUNDING

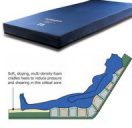
☐ ADP ☐ March of Dimes ☐ WSIB ☐ VAC
☐ ODSP ☐ IFHP ☐ MVA ☐ Private insurance
☐ Self-pay

REQUEST

☐ Purchase ☐ Rental ☐ Quote only
☐ Delivery & setup

Tick (✓) each item needed, choose a size where shown, and add details in the notes on page 3.

BEDS & PRESSURE CARE

1 ☐  Full Electric Hospital Bed w/ Mattress & Rails	2 ☐  Alternating Pressure Air Mattress	3 ☐  Fusion XC Mattress	4 ☐  Bed Rail	5 ☐  Overbed Table
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BATHROOM SAFETY

6 ☐  Toilet Safety Frame	7 ☐  Raised Toilet Seat ☐ With arms ☐ No arms	8 ☐  Bath Chair w/ Arms	9 ☐  Bath Stool	10 ☐  Transfer Bench
11 ☐  Clamp-On Tub Rail	12 ☐  Grab Bars ☐ 12" ☐ 18" ☐ 24" ☐ 32"	13 ☐  Bath Chair	14 ☐  Bath Chair w/ Back	

COMMODOES & HYGIENE

WHEELCHAIRS

15 ☐  Toileting Wheeled Commode	16 ☐  Shower Wheeled Commode	17 ☐  Stationary Commode	18 ☐  Tilt Commode	19 ☐  Tilt Wheelchair ☐ 16" ☐ 18" ☐ 20" ☐ 22"	20 ☐  Basic Wheelchair ☐ 16" ☐ 18" ☐ 20" ☐ 22"	21 ☐  Transport Wheelchair ☐ 17" ☐ 19"	22 ☐  Type 2 Custom Wheelchair Seat width: _____
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MOBILITY AIDS

23



Nexus Rollator

☐

24



Trillium Type 3 Rollator

☐

25



Trillium Type 2 Rollator

☐

26



2-Wheeled Walker w/ Skis

☐

27



Offset Cane

☐

28



Quad Cane

☐ Small base ☐ Large base

☐

29



Side Walker

☐

30



Molded Sock Aid

☐

TRANSFERS

31



Patient Lift (Hoyer)

☐

32



Sit-to-Stand Lift

☐

33



Lift Chair Recliner

☐

34



Sara Steady

☐

35



Superpole w/ Superbar

☐

36



Furniture Risers

☐

37



Slings

Size: _____

☐

POWER MOBILITY

38



Custom Power Wheelchair

☐

39



Portable Power Wheelchair

☐

40



Medium-Large Scooter

☐

41



Portable Scooter

☐

CLIENT MEASUREMENTS

for seating, wheelchairs and lifts

Height

Weight

Hip width (seated)

Seat depth (back to knee)

Seat-to-floor (heel to knee)

Back height

Elbow / arm height

Shoulder width

BARIATRIC EQUIPMENT

42  XPresso Wide Rollator ☐ Wide 22" ☐ Low wide 19"	43  Bariatric Wheelchair ☐ 20" ☐ 22" ☐ 24" ☐ 26"	44  Bariatric Shower Commode	45  Bariatric Transport Wheelchair ☐ 20" ☐ 22"	46  Bariatric Bath Chair
47  Bariatric Patient Lift	48  Bariatric Hospital Bed	49  Bariatric Lift Chair		

RESPIRATORY

50



Compressor Nebulizer System

FLOORING

☐ Carpet ☐ Hardwood / laminate ☐ Tile ☐ Raised thresholds

HOME ENVIRONMENT

Entrance ☐ Steps at entrance # of steps _____ ☐ Handrails present ☐ Ramp or porch lift needed	Stairs inside ☐ Straight ☐ Curved / landing # of flights _____ ☐ Stairlift needed	Bathroom ☐ Tub ☐ Walk-in shower Tub wall height _____ Toilet height _____	Bedroom & access ☐ Main-floor bedroom Front door width _____ Bathroom door width _____ Bedroom door width _____
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NOTES

diagnosis, goals, preferences, timeline

Completed by _____ Date _____

Send the completed guide to us

Email info@libertycare.ca Fax 905-608-9061 Call 905-608-9225

We'll prepare a quote, help with funding paperwork and arrange delivery & setup.