



SPECIAL NEEDS WHEELCHAIR REQUISITION

FOR OFFICE USE ONLY

REQUISITION DATE

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COMPLETE ALL AREAS NOT DESIGNATED FOR OFFICE USE

CLIENT IDENTIFICATION

SURNAME	FIRST	INITIAL	HEALTH SERVICES CARD NUMBER START HERE →
ADDRESS			BIRTH MONTH AND YEAR M M Y Y Y Y
CITY, TOWN, OR VILLAGE		PROVINCE	CLIENT WEIGHT CLIENT HEIGHT lbs. inches
POSTAL CODE	TELEPHONE NUMBER		DISABILITY

THE CLIENT RESIDES IN A: PRIVATE RESIDENCE SPECIAL CARE HOME PRIVATE CARE HOME OTHER (Specify) _____

IS EQUIPMENT REQUIRED TO FACILITATE DISCHARGE FROM ACUTE CARE CENTRE YES NO DISCHARGE DATE _____

CLIENT MEASUREMENTS FOR WHEELCHAIR FITTING

WHEELCHAIR SEAT WIDTH _____ INS.	WHEELCHAIR SEAT DEPTH _____ INS.	SEAT TO BACK OF KNEE _____ INS.	HIP WIDTH AT WIDEST POINT _____ INS.	OVERALL HEIGHT _____ INS.	OVERALL WEIGHT _____ INS.
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WHEELCHAIR ACCESSORIES

ARM RESTS FULL DESK FOOTRESTS ELEVATING LEGRESTS SEAT TO FLOOR HEIGHT 17.5" 19.5" OTHER _____

TRAY Plastic w/ velcro attachment OXYGEN HOLDER ANTI TIPPERS

DOES THIS CLIENT NOW HAVE A WHEELCHAIR? YES NO IF YES, PLEASE INDICATE BELOW IN SPECIAL INSTRUCTIONS WHY ANOTHER ONE IS REQUIRED.

WHEELCHAIR CUSHIONS

CUSHION	2" STANDARD FOAM	3" T FOAM	GEL CUSHION	CONTOURED FOAM
	MATRX PS	VICAIR 6	VICAIR 10	JAY (Specify Model)
				ROHO (Specify Model)
				HIGH PROFILE
				LOW PROFILE

CUSHION SPECIFICATIONS _____

SPECIAL WHEELCHAIRS

RECLINER	AMPUTEE	ONE ARM DRIVE	Left	Right	POWER WHEELCHAIR - Install Joystick on	Left	Right
SPECIALIZED SEATING		CUSTOM BACK (Specify Model Requested) _____			*Prosthetic/Orthotic Requisition Required		

SPECIAL INSTRUCTIONS AND OTHER CONTACT INFO

DELIVERY

PICK UP

RESPONSIBLE AGENCY:
 NON INSURED HEALTH BENEFITS WORKERS' COMPENSATION BOARD VETERANS AFFAIRS CANADA MINISTRY OF SOCIAL SERVICES
 SASKATCHEWAN GOVERNMENT INSURANCE (S.G.I.) OTHER _____

REQUISITIONER IDENTIFICATION

REQUISITIONER NAME (PLEASE PRINT)	PROFESSION	TELEPHONE NUMBER
ADDRESS	SIGNATURE	
CITY, TOWN, OR VILLAGE	POSTAL CODE	X
REQUISITIONER EMAIL		
NAME OF PROFESSIONAL PERSON DESIGNATED BY REQUISITIONER TO PROVIDE FOLLOW UP	ADDRESS	TELEPHONE NUMBER

OFFICE USE ONLY

W/C TYPE/MODEL	SERIAL NUMBER	I.D. NUMBER
CUSHION TYPE/MODEL	SERIAL NUMBER	I.D. NUMBER
NEW EQUIPMENT <input type="checkbox"/> REPLACEMENT <input type="checkbox"/> TRANSFER <input type="checkbox"/>		
DATE COMPLETED	COMPLETED BY:	DELIVERY METHOD <input type="checkbox"/> PICK UP

SASKABILITIES - SPECIAL NEEDS EQUIPMENT DEPOTS

#2-1723 FRANCIS STREET
 REGINA, SASK.
 S4N 7N2
 306-569-1262

2310 LOUISE AVENUE
 SASKATOON, SASK.
 S7J 2C7
 306-664-6646

1551 NORTH RAILWAY ST. WEST
 SWIFT CURRENT, SASK.
 S9H 5G3
 833-526-5299

BOX 5011, 144 BALL ROAD
 YORKTON, SASK.
 S3N 3Z4
 833-444-4126

1205 1ST AVENUE EAST
 PRINCE ALBERT, SASK.
 S6V 2A9
 888-978-5215