



# SPECIAL NEEDS WHEELCHAIR REQUISITION

FOR OFFICE USE ONLY

REQUISITION DATE

Y | Y | Y | Y | M | M | D | D

## CLIENT IDENTIFICATION

COMPLETE ALL AREAS NOT DESIGNATED FOR OFFICE USE

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	
POSTAL CODE	TELEPHONE NUMBER	DISABILITY	

THE CLIENT RESIDES IN A:  PRIVATE RESIDENCE  SPECIAL CARE HOME  PRIVATE CARE HOME  ASSISTED LIVING LEVEL \_\_\_\_\_  
 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 _____ LBS.
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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  BRAKE EXTENSIONS

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  BACK  SEAT  SEATBELT Prosthetic/Orthotic Requisition Required  OTHER \_\_\_\_\_

DELIVERY  PICK UP

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

#F-365 MARQUIS RD W  
PRINCE ALBERT, SASK.  
S6V 7L4  
888-987-5215