

## MANUAL WHEELCHAIR RENTAL APPLICATION

<b>Number of Months Required for Rental*:</b> _____ - Not to exceed 6 months - Not for permanent/long-term use	<b>Rates:</b> \$75.00/month for standard chairs  <i>Required: \$100.00 deposit via credit card to be refunded when the chair is returned.</i>
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**PRIORITY LEVEL OF APPLICATION**

<b>CURRENTLY IN HOSPITAL?</b> <input type="checkbox"/> YES  <input type="checkbox"/> NO	<b>Discharge Date:</b> _____  <b>Discharge Location:</b> _____  Note: Prescribing therapist or client must inform MWP if there is a change in discharge location (i.e., PCH, Chronic Care)
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**Delivery Instructions (If different than home address):**

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**DEMOGRAPHICS (PLEASE PRINT)**

<b>FIRST NAME</b>		<b>LAST NAME</b>	
<b>DATE OF BIRTH (MM/DD/YYYY)</b>	<b>GENDER</b>	male      female	<b>PHIN</b>
<b>HOME ADDRESS</b>	<b>CITY</b>		<b>POSTAL CODE</b>
<b>HOME PHONE</b>	<b>CELL PHONE</b>		<b>EMAIL</b>

**ALTERNATE CONTACT (MUST BE A MANITOBA RESIDENT)**

<b>FIRST NAME</b>	<b>LAST NAME</b>	<b>RELATIONSHIP TO APPLICANT</b>
<b>HOME ADDRESS</b>	<b>CITY</b>	<b>POSTAL CODE</b>
<b>HOME PHONE</b>	<b>CELL PHONE</b>	<b>EMAIL</b>

**PRESCRIBER INFORMATION-NOT MANDATORY**

<input type="checkbox"/> OCCUPATIONAL THERAPIST	<input type="checkbox"/> PHYSIOTHERAPIST	<input type="checkbox"/> OTHER, SPECIFY:
<b>FIRST NAME</b>	<b>LAST NAME</b>	<b>REGISTRATION #</b>
<b>ADDRESS</b>	<b>CITY</b>	<b>POSTAL CODE</b>
<b>EMAIL</b>	<b>PHONE</b>	<b>FAX</b>

**MEDICAL DIAGNOSES AND FUNCTIONAL IMPLICATIONS RELATED TO NEED FOR WHEELCHAIR**

**APPLICANT MEASUREMENTS**

CURRENT WEIGHT: _____ lbs./ kg (circle one)	HEIGHT: _____ ft. in./ cm (circle one)
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MEASUREMENTS	INFORMATION PROVIDED IN THIS APPLICATION MUST REFLECT APPLICANT'S CURRENT MEASUREMENTS		Measurement (inches)
	Hip Width: (straight line) or widest part of body in sitting		
	Thigh Length: (straight line) from back of buttocks to back of knee		
	Lower leg length: (straight line) from back of knee to bottom of heel		
	Back height: Sitting surface to axilla		

**WHEELCHAIR PARAMETERS**

SEAT WIDTH	<input type="checkbox"/> 16"	<input type="checkbox"/> 18"	<input type="checkbox"/> 20"
SEAT DEPTH	<input type="checkbox"/> 16" <input type="checkbox"/> 18"	<input type="checkbox"/> 16" <input type="checkbox"/> 18"	<input type="checkbox"/> 18"
SEAT HEIGHT	<input type="checkbox"/> 17.75" <input type="checkbox"/> 19.75"	<input type="checkbox"/> 17.75" <input type="checkbox"/> 19.75"	<input type="checkbox"/> 19.75"
BACK HEIGHT	<input type="checkbox"/> 16" <input type="checkbox"/> 18"	<input type="checkbox"/> 16" <input type="checkbox"/> 18"	<input type="checkbox"/> 16" <input type="checkbox"/> 18"

**WHEELCHAIR ACCESSORIES**

HEIGHT ADJUSTABLE FLIP BACK ARMREST	LEG RESTS w/ composite footplates	WHEEL LOCK EXTENSIONS	ANTI-TIPPERS
<input type="checkbox"/> Full length <input type="checkbox"/> Desk length	<input type="checkbox"/> 70 degrees <input type="checkbox"/> Elevating (not available with all stock)	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Right <input type="checkbox"/> Left	<input type="checkbox"/> No <input type="checkbox"/> Yes

Other Specs Required: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	SEATBELT <input type="checkbox"/> No <input type="checkbox"/> Yes
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_____ PRESCRIBER/CLIENT SIGNATURE	_____ DATE
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