

TRIAL EQUIPMENT & CLINIC SPACE REQUEST

Note: Illegible or incomplete forms will be returned to the prescriber

CLIENT DEMOGRAPHICS		
FIRST NAME		LAST NAME
DATE OF BIRTH (MM/DD/YYYY)	HOME PHONE	PHIN
	CELL PHONE	
HOME ADDRESS	CITY	POSTAL CODE
PRESCRIBER INFORMATION		
FIRST NAME	LAST NAME	Professional Designation
ADDRESS/FACILITY	CITY	POSTAL CODE
EMAIL	PHONE FAX	
DETAILS FOR PICKING UP EQUIPMENT:		DETAILS FOR BOOKING CLINIC SPACE:
Requested Date (s) for Trial: Anticipated Return Date*: <input type="checkbox"/> Delivery/Pick-up Instructions*: <small>*NOTE: The trial wheelchair will be made available for assessment purposes for no more than <u>3 business days</u> (in Winnipeg) or <u>5 business days</u> (if rural). Trial equipment will not be delivered to clients' homes.</small>		<input type="checkbox"/> Trial will be completed at MWP Clinic - 1857 Notre Dame Avenue. We require at least 2 weeks' notice to book this space. Indicate preferred time & date*: <input type="checkbox"/> MWP Rehab Assistant required - available only Mondays or Thursdays with max. 1-hour timeslot. Indicate preferred time & date*: <p style="text-align: center;">*You will receive a confirmation email or voicemail for your requested appointment time, or, if unavailable, alternate days will be suggested.</p>
WHEELCHAIR PARAMETERS - A CHAIR AS CLOSE TO SPECIFICATONS AS POSSIBLE WILL BE PROVIDED		
WHEELCHAIR MODEL NAME:		
SEAT WIDTH		
SEAT DEPTH		
SEAT HEIGHT		
Accessories/ Other wheelchair specifications desired for trial (i.e., wheel size, footrest hanger angle, footplate style)		

TRIAL EQUIPMENT - CLIENT'S USAGE GUIDELINES

To enhance our services for clients, the prescribing therapist with whom you are working has requested an equipment trial from the Manitoba Wheelchair Program to assist in finalizing a wheelchair prescription.

The wheelchair has been set up according to the specifications of your prescribing therapist, taking into consideration the dimensions of the wheelchair that will be ordered for you.

In signing this agreement, you are agreeing to the following terms:

- 1) No permanent changes will be made to the wheelchair you are trialing. Any irreversible changes made to the wheelchair will be billed to you, including the cost of all labor and parts required to return the wheelchair to its original state.
- 2) The trial wheelchair will be kept indoors in a locked, heated, and well-ventilated space for the duration of the trial. *(Please note detached garages and/or sheds are not suitable storage spaces)*
- 3) The wheelchair will be returned in a clean state with all attachments and accessories (e.g., leg rests) as originally supplied for trial.
- 4) Should the trial equipment become lost, stolen, or permanently damaged during the trial, I will be responsible to pay for replacement and/or repair of the damaged wheelchair or part(s).

Client has read and understands the terms of the above Trial Equipment Usage Guidelines. Client is legally bound by the terms and accept the trial equipment on these terms.

Client Signature: _____

Date: _____

If client cannot write, a **LEGAL REPRESENTATIVE** may sign on behalf of the client below:

Name: _____ **Signature:** _____ **Relationship to Client:** _____

The prescriber has reviewed the Trial Equipment Usage Guidelines with the Applicant and/or Representative

Prescriber Name: _____

Prescriber Signature: _____