



## Bed Loan Program - Short Term Loan Referral Form

Fax Form To: 1-902-368-3037

Call: 902-628-6262 Extension (6241)

Please contact the Canadian Red Cross PEI to confirm equipment availability

Equipped for independence [www.redcross.ca/help](http://www.redcross.ca/help)

**Client:** Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Birth Year (YYYY): \_\_\_\_\_ Gender: M/F \_\_\_\_\_

Height (cm/in): \_\_\_\_\_ Weight (kg/lb): \_\_\_\_\_ PEI Personal Health Number: \_\_\_\_\_

Additional Information: \_\_\_\_\_

**Alternate Contact:** Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

The Bed Loan will support your recovery at home following an injury or illness. The loan referral is made to the Canadian Red Cross from a qualified health professional. The loan is for a short term recovery and is intended for a maximum of a three-month time period. If you need the bed longer, please let us know in advance of the pick-up date for an extension. A technician will deliver and set up the bed and when no longer required, will remove the bed from your home.

To qualify for the Bed Loan Program:

- I am over 18 years of age
- I am a resident of Prince Edward Island
- I have an Island Health Card
- I understand the service is provided on a first-come, first-serve basis and I may be put on a waiting list for a bed to become available
- I understand I will be contacted by Canadian Red Cross PEI to collect additional required information
- I understand that this referral needs to be completed and signed by a health care provider.

**Please Note:** The bed provided in this program is a standard Home Care electric bed

**Referring Health Care Professional:** Full Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Professional Designation: (circle one): RN / OT/ PT / DR / Other (Specify): \_\_\_\_\_

Place of Work: \_\_\_\_\_ Anticipated Length of Loan: 1 \_\_\_ 2 \_\_\_ 3 \_\_\_ month(s)

Additional Information: \_\_\_\_\_ Referral Date: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Month Day Year



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Fax to:

Health Equipment Loan Program (HELP)  
Short Term Loan Referral Form

Please complete all sections.

1-902-368-3037

Client: Last name: \_\_\_\_\_ First name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_  
 Postal Code: \_\_\_\_\_ Phone number: \_\_\_\_\_ Birth year (YYYY) \_\_\_\_\_ Gender: M/F  
 Height(cm/in): \_\_\_\_\_ Weight(kg/lbs): \_\_\_\_\_ Personal Health Number: \_\_\_\_\_  
 Additional information: \_\_\_\_\_

**MOBILITY AIDS:**

**CRUTCHES:** Height: \_\_\_\_\_ Hand grip height: \_\_\_\_\_

- Axilla  Forearm  Pediatric

**CANES:** Height: \_\_\_\_\_  Single

**QUAD CANES:**

- Right side  Left side  Small base

**FRAME WALKERS:**

Handgrip-floor height: \_\_\_\_\_

- 2 wheels  no wheels

**FOUR WHEELED WALKERS (Rollators):**

Seat-Floor height: \_\_\_\_\_

Handgrip-Floor height: \_\_\_\_\_

- Basket

**WHEELCHAIRS:**

- Standard  Transport  Reclining

Seat Width:

- 14"  16"  18"  20"

(All chairs come with footrests)

Elevating Leg Rests:

- Right  Left  Both

**BATHROOM AIDS:**

**ADJUSTABLE BATH CHAIRS:**

- Back  No Back

**Bath Transfer Bench:**  Arm on right  Arm on left

- Padded  Plastic

**Bathtub Safety Rail:**  Clamp on  Suction

**COMMUNE:**  Stationary  Wheeled

- Shower

**RAISED TOILET SEAT:**

- 2"  4"

With Attached Arm Rests

Raised 3" elongated toilet seat

**VERSAFRAME (TOILET SAFETY FRAME)**

**OTHER:**

Over bed Table

Reacher

M rails (bed assist rails)

Referring Health Care Professional: Full name: \_\_\_\_\_

Signature: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Professional Designation ( circle one): PT / OT / MD / NP / RN / LPN / RSW / DC

Place of Work: \_\_\_\_\_ Anticipated Length of Loan: 1 \_\_\_ 2 \_\_\_ 3 \_\_\_ month(s)

Additional information: \_\_\_\_\_ Referral date: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Month Day Year