

Patient Name	Date	
MB PHIN (9 digit):	Date of Birth	
Diagnostics:	Pain Management:	Bed & Sleep:
<ul> <li>□ Blood Pressure Monitor</li> <li>□ Thermometer</li> <li>□ Pulse Oximeter</li> </ul>	<ul> <li>☐ TENS Machine</li> <li>☐ Invalid Ring</li> <li>☐ Sitz Bath</li> <li>☐ Hot Water Bottle</li> </ul>	☐ Weighted Blanket ☐ Light Therapy Lamp Bed Wedge ☐ 8″ ☐ 10″ ☐ 12″
Pediatrics:	Eye/Ear:	Nutrition Support:
<ul> <li>Cool Mist Humidifier</li> <li>Specialty Feeding System (anti-colic vented bottles)</li> </ul>	<ul> <li>□ Lid Care Towelettes</li> <li>□ Ear Wax Removal Spray (olive oil)</li> </ul>	<ul> <li>☐ Boost</li> <li>☐ Ensure</li> <li>☐ Glucerna</li> <li>☐ Thicken Up</li> <li>☐ Beneprotein Powder</li> <li>☐ Resource/Isosource</li> </ul>
Rehabilitation		
Pedal Exerciser Overdoor Exercise Pulley Cold Rush Therapy Unit Knee-Walker	<ul> <li>□ Crutches</li> <li>□ Therapy Putty</li> <li>□ Kinesiology Tape</li> <li>□ TheraBand Tubing</li> </ul>	TheraBand Resistance Extra Thin Thin Medium Heavy/Extra/Special/Super Heavy
Foot Care:		
Hallux Valgus Splint □ Daytime □ Nighttime Plantar Fascitis Splint □L □R	<ul> <li>Diabetic Insoles</li> <li>Heel Cushion</li> <li>Heel Spur Pad</li> <li>Arch Cushion</li> </ul>	<ul> <li>Bunion Sleeve</li> <li>Corn Remover (salicylic acid)</li> <li>Corn/Callus Cushion</li> <li>Toe Spacer</li> </ul>
Specialty Dressings:		
<ul> <li>☐ Tegaderm Film</li> <li>☐ Mepilex</li> <li>☐ MEDIHONEY</li> <li>☐ Bactigras</li> </ul>	<ul> <li>☐ Tegaderm +Pad</li> <li>☐ Actisorb Silver 220</li> <li>☐ Intrasite Gel</li> <li>☐ Primapore</li> </ul>	<ul> <li>Silvercel Non-Adherent</li> <li>Jelonet</li> <li>Telfa</li> <li>Other:</li> </ul>
Incontinence:		
Disposable Absorbent Under		

## Intermittent Catheters

□ Male □ 8Fr □ 10F □ Female □ 8Fr □ 10F □ External □ Leg Bag □		
Braces & Supports		
□ Shoulder Sling □ Wrist Brace □L □R □ Thumb Spica □L □R □	] Hernia Support (abdominal) ] Hernia Belt (inguinal) ] Pregancy Support Belt	□ Back Brace Knee Brace ROM □L □R Knee Brace Sleeve □L □R Ankle Brace □L □R Walking Boot □L □R
Compression Stockings:		
<ul> <li>☐ Knee-High</li> <li>☐ Thigh-H</li> <li>Compression:</li> <li>☐ 15-20 m</li> <li>☐ Diabetic Socks</li> <li>☐ Mastecter</li> </ul>		nning Aid 40 mmHg 🛛 40-50 mmHg s
Bath Safety:		
□ Commode □ Raised To □ Bath Lift □ Shower		me 🛛 Transfer Bench
	□ Folding Walker   □ Super Po □ Power Wheelchair	e 🗆 Bed Rails
Physician's notes:		
Diagnosis:		
Signature:		