



# HOME HEALTH CARE PHARMACY

3000 Victoria Avenue, Brandon, Manitoba • 204-727-2483

Patient Information: \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

MB PHIN (9 digit) \_\_\_\_\_ Date of Birth \_\_\_\_\_

## Diagnostics:

- Blood Pressure Monitor
- Thermometer
- Pulse Oximeter

## Pain Management:

- TENS Machine
- Invalid Ring
- Sitz Bath
- Hot Water Bottle

## Bed & Sleep:

- Weighted Blanket
- Light Therapy Lamp
- Bed Wedge
  - 8"  10"  12"

## Pediatrics:

- Cool Mist Humidifier
- Specialty Feeding System  
(anti-colic vented bottles)

## Eye/Ear:

- Lid Care Towelettes
- Ear Wax Removal Spray  
(olive oil)

## Nutrition Support:

- Boost  Ensure
- Glucerna  Thicken Up
- Beneprotein Powder
- Resource/Isosource

## Specialty Dressings:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Tegaderm Film | <input type="checkbox"/> Tegaderm +Pad       | <input type="checkbox"/> Silvercel Non-Adherent |
| <input type="checkbox"/> Mepilex       | <input type="checkbox"/> Actisorb Silver 220 | <input type="checkbox"/> Jelonet                |
| <input type="checkbox"/> MEDIHONEY     | <input type="checkbox"/> Intrasite Gel       | <input type="checkbox"/> Telfa                  |
| <input type="checkbox"/> Bactigras     | <input type="checkbox"/> Primapore           | <input type="checkbox"/> Other: _____           |

## Incontinence:

- Disposable Absorbent Underwear                      Quantity: \_\_\_\_\_
- Daytime     Nighttime     Booster Pads

## Intermittent Catheters

- |                                   |                                  |   |                               |                               |
|-----------------------------------|----------------------------------|---|-------------------------------|-------------------------------|
| <input type="checkbox"/> Male     | <input type="checkbox"/> 8Fr     | <input type="checkbox"/> 10Fr                 | <input type="checkbox"/> 12Fr | <input type="checkbox"/> 14Fr |
| <input type="checkbox"/> Female   | <input type="checkbox"/> 8Fr     | <input type="checkbox"/> 10Fr                 | <input type="checkbox"/> 12Fr | <input type="checkbox"/> 14Fr |
| <input type="checkbox"/> External | <input type="checkbox"/> Leg Bag | <input type="checkbox"/> Foley Insertion Tray |                               |                               |

## Bath Safety:

- |                                    |   |  |   |
|------------------------------------|---|--|---|
| <input type="checkbox"/> Commode   | <input type="checkbox"/> Raised Toilet Seat | <input type="checkbox"/> Toilet Safety Frame | <input type="checkbox"/> Transfer Bench |
| <input type="checkbox"/> Bath Lift | <input type="checkbox"/> Shower Seat        | <input type="checkbox"/> Grab Bars           |   |

## Mobility Aids:

- |  |   |                                     |   |                                      |
|--|---|-------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Cane              | <input type="checkbox"/> Crutches         | <input type="checkbox"/> Walker     | <input type="checkbox"/> Folding Walker | <input type="checkbox"/> Knee-Walker |
| <input type="checkbox"/> Manual Wheelchair | <input type="checkbox"/> Power Wheelchair | <input type="checkbox"/> Super Pole | <input type="checkbox"/> Bed Rails      |                                      |
-

## Rehabilitation

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Pedal Exerciser          | <input type="checkbox"/> Therapy Putty    | TheraBand Resistance  |
| <input type="checkbox"/> Overdoor Exercise Pulley | <input type="checkbox"/> Kinesiology Tape | <input type="checkbox"/> Extra Thin <input type="checkbox"/> Thin <input type="checkbox"/> Medium |
| <input type="checkbox"/> Cold Rush Therapy Unit   | <input type="checkbox"/> TheraBand Tubing | <input type="checkbox"/> Heavy/Extra/Special/Super Heavy  |

## Braces & Supports

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Soft Neck Collar                                | <input type="checkbox"/> Abdominal Binder           | Knee Immobilizer <input type="checkbox"/> L <input type="checkbox"/> R   |
| <input type="checkbox"/> Shoulder Sling                                  | <input type="checkbox"/> Hernia Support (abdominal) | Knee Brace Sleeve <input type="checkbox"/> L <input type="checkbox"/> R  |
| Wrist Brace <input type="checkbox"/> L <input type="checkbox"/> R        | <input type="checkbox"/> Hernia Belt (inguinal)     | Knee Sleeve w/hinges <input type="checkbox"/> L <input type="checkbox"/> R   |
| Thumb Spica <input type="checkbox"/> L <input type="checkbox"/> R        | <input type="checkbox"/> Pregnancy Support Belt     | Unloading Knee Brace   |
| Tennis Elbow Brace <input type="checkbox"/> L <input type="checkbox"/> R | <input type="checkbox"/> Sacroiliac Belt            | <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Medial <input type="checkbox"/> Lateral |
|  | <input type="checkbox"/> Back Brace                 | Ankle Brace <input type="checkbox"/> L <input type="checkbox"/> R  |
|  |   | Walking Boot <input type="checkbox"/> L <input type="checkbox"/> R   |

## Foot Care:

- |   |   |  |
|---|---|--|
| Hallux Valgus Splint  | <input type="checkbox"/> Diabetic Insoles | <input type="checkbox"/> Bunion Sleeve                 |
| <input type="checkbox"/> Daytime <input type="checkbox"/> Nighttime | <input type="checkbox"/> Heel Cushion     | <input type="checkbox"/> Corn Remover (salicylic acid) |
| Plantar Fasciitis Splint  | <input type="checkbox"/> Heel Spur Pad    | <input type="checkbox"/> Corn/Callus Cushion           |
| <input type="checkbox"/> L <input type="checkbox"/> R               | <input type="checkbox"/> Arch Cushion     | <input type="checkbox"/> Toe Spacer                    |

## Compression Garments:

- |  |   |   |  |                                   |                                |
|--|---|---|--|-----------------------------------|--------------------------------|
| <input type="checkbox"/> Knee-High               | <input type="checkbox"/> Thigh-High     | <input type="checkbox"/> Pantyhose      | <input type="checkbox"/> Arm Sleeve            | <input type="checkbox"/> Gauntlet | <input type="checkbox"/> Glove |
| Compression: <input type="checkbox"/> 15-20 mmHg | <input type="checkbox"/> 20-30 mmHg     | <input type="checkbox"/> 30-40 mmHg     | <input type="checkbox"/> 40-50 mmHg            |                                   |                                |
| <input type="checkbox"/> Donning Aid             | <input type="checkbox"/> Diabetic Socks | <input type="checkbox"/> Mastectomy Bra | <input type="checkbox"/> Mastectomy Prosthesis |                                   |                                |

## Physician's notes:

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Diagnosis: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Billing/License#: \_\_\_\_\_

Signature: \_\_\_\_\_