

CVH-463 **CONNECTICUT VALLEY HOSPITAL**
New 7/99 **PHYSICAL THERAPY DEPARTMENT**
EQUIPMENT CHECK-OUT LIST

☐ General Psychiatry Division Name: _____

☐ Whiting Forensic Division

☐ Addiction Services Division MPI #: _____ *Print or Addressograph Imprint*

Unit: _____

Treating Diagnosis: _____

Major Limitation: _____

Equipment: ☐ Wheelchair

☐ Orthopedic Shoes Size _____ Brand _____

☐ Compression Stockings ☐ TED Hose ☐ Jobst Type Size _____

☐ In-Shoe Orthotics ☐ Arch Cushion (full length) ☐ Arch Support(3/4 Length) Size _____

☐ Corrective Pillow ☐ Lumbar ☐ Cervical

☐ Bed Board / ☐ Bed Wedge

☐ Lumbo-Sacral Support Size _____

☐ Upper Extremity Brace

☐ Lower Extremity Brace/Orthotic

☐ Walker

☐ Cane / ☐ Crutches

☐ Bed Alarm

☐ Chair Alarm ☐ Seat Pad ☐ Seat Belt

☐ Other: _____

Is this item a replacement for an item that will be discarded? ☐ Yes ☐ No

Patient Instructed on Use ☐ Yes ☐ No

Fitted to Patient ☐ Yes ☐ No

Patient / Staff - Voices/Demonstrates Understanding ☐ Yes ☐ No

Patient May Take Home Upon Discharge ☐ Yes ☐ No

Signature of Physical Therapist/ Printed Name & Title of Therapist

Date