

Application for an ELECTRIC HOSPITAL BED

Must be submitted with a signed Special Needs Equipment Requisition Form.



A. COMPLETE FOR ALL BED APPLICATIONS

Client Name: _____ HSN: _____

Check all that apply:

- Personal care is being provided for client in the bed (i.e. feeding/bathing/treatments).
- Bed is required for positioning and/or varying bed heights for transfers.
- Client requires variation of head elevation to improve respiratory function and/or to assist sitting.
- Client requires the bed for a period of more than 6 months in duration.
- Client is palliative.

Is this hospital bed needed to facilitate discharge from an acute care facility? Yes No

If yes, what is the anticipated discharge date? _____

Has this client been presented for Long Term Care? Yes No

If yes, list the date the application was submitted: _____

A HOME ASSESSMENT IS REQUIRED PRIOR TO ISSUING OF AN ELECTRIC HOSPITAL BED

Home assessment was performed by: _____ Date of home visit: _____

Can the home accommodate an electric hospital bed*? Yes No

* Standard electric hospital beds dimensions are 36 inches wide x 86 ½ inches long.

Are side rails needed? Yes No

If yes, please select style below:

- Half Rails (both sides at head end of bed)
- Split Rails (both sides at head and foot of bed)
- Full Rails (both sides)

A hospital bed requires some set-up that is not provided by the Special Needs Equipment Program. Does the client have someone (caregiver, family member, friend) available to assist with the set-up? Yes No

B. COMPLETE ONLY FOR APPLICATIONS TO REPLACE A MANUAL HOSPITAL BED

Please explain how the manual bed is no longer meeting the functional needs of the client or caregiver.

Does the client have skin integrity issues and/or existing wounds? Yes No

How many hours per day does the client spent in bed? _____ hours.

Please list the activities of daily living that are performed in bed? _____

If this request is for a wider hospital bed (more than 36 inches), a letter documenting the medical necessity for the extra width is required. For home care clients, confirmation that care will be provided on the wider bed is also required.