

CUSTOMER SERVICE DEPARTMENT

Patient/Caregiver Orientation Checklist for Customer Service Department

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Patient Name:			Date:	
	Notice to Patient: Your doctor has prescribed the course of treatment, which involves this equipment. Neither the dealer nor the manufacturer make any claims, warranties, or representations regarding the suitability if this type of treatment for your particular requirements, nor will they dealer or manufacturer assume any responsibility for the success or failure of any treatments administered by this device.			
GOAL: Patient will achieve an understanding of safe operation of the Durable Medical Equipment according to Physician Orders.				
PLAN: BritKare Representative will instruct the Patient, Family member, and/or Caregiver on:				
0	Bath Aids; Shower Chairs, Tub Bars Bedside Commode / Extender, etc.	0	Show height adjustments; Proper use of any bath aid. Safety precautions for bath aids. Safety precautions for equipment used in bathing	
O	Bed Rails	0	Demonstrate attachment process and safety precautions	
O	Breast Pump	0	Clean hands, breasts & nipples. Start on low & pump 10-15 minutes. Safety precautions	
0	Cervical Traction	0	Discuss proper use and installation and safety precautions	
0	Glucometer & Supplies	0	Wash hands, training procedures and use of supplies	
O	Lift Chair	0	Demonstrate push button operations, reclining functions and safety precautions.	
O	Nebulizer / IPPB	0	Wash hands, demonstrate hoses with med cup commotion, operation and safety precautions.	
O	Over Bed Table	0	Demonstrate operation for up and down position & safety precautions.	
\circ	Dower Wheelsheir / Seester	0	Operation of joy stick-maneuverability, risks, proper use and safety precautions	
•	Power Wheelchair / Scooter	0	Review other w/c features if needed, i.e. elev. Leg rests, w/ removable arms	
0	Tens Unit	0	Explain use of Unit, supplies and safety precautions	
0	Walking Aids - Canes, Crutches, Walkers: 2 or 4- wheeled, platform attachment, etc.	0	Demonstrate height adjustments, folding of walking devices, tip replacements, stress support safety and safety precautions.	
		0	Demonstrate amputee adapter test to assure securely locked in place before use.	
0	Wheelchair - Manual	о О		
O	Other Equipment & Supplies:	0		
O		0		
O		0		
0		0		
0		0		
O	Cleaning and cleaning practices including infect	ion	control precautions	
O Check for safety and for possible HAZARDS in the patient home, etc. Explain precautions and importance.				
0	Information provieded; re: AOB, HIPAA, PT Rights & Responsibilities, Supplier Standards, Acknowledgement of Reciept, Equipment Use and Delivery Forms.			
O	O Patient functional status (visions, hearing, mobility, language) are adequate to use the equipment safely unless othersei noted.			
0	O Tripping Hazards: Instruct the patient/caregiver how to minimize risk and help prevent falls			
Comments:				
I have been instructed on the use and care of the above checked equipment to my satisfaction and would like to use it at home. Should any problem occur, I will notify my doctor.				
	I AGREE TO OPERATE THE ABOVE EQUIPMENT AS DEMONSTARTED / INSTRUCTED			
	Patient / Caregiver Signature		Date BritKare Employee Signature Date	