



2707 Temple Drive, Windsor (Off Central just North of EC Row)
Hours: Mon - Fri 9:00AM – 4:00PM www.comfortmobility.ca

MEDICAL STOCKINGS INCONTINENCE SUPPLIES & BRACING FORM

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Phone: 519-988-1234 Fax: 519-988-1244

Client Information		COMFORT REP: _____
First and Last Name		Date
Street Address		
City	Province	Postal Code
Green Shield Number If you are -01, please provide name of Primary:	Date of Birth (YYYY/MM/DD)	Height Weight
Compression Socks		Incontinence Supplies
Preferred Brand: <input type="checkbox"/> Jobst <input type="checkbox"/> Sigvaris <input type="checkbox"/> Other: _____ <input type="checkbox"/> New Client (no preference yet) <input type="checkbox"/> 8-15 mmHg (diabetic OTC) <input type="checkbox"/> 15-20 mmHg (OTC) <input type="checkbox"/> 20-30 mmHg <input type="checkbox"/> 30-40 mmHg <input type="checkbox"/> 40+ mmHg <input type="checkbox"/> Calf <input type="checkbox"/> Thigh <input type="checkbox"/> Pantyhose <input type="checkbox"/> Chaps <input type="checkbox"/> Maternity <input type="checkbox"/> Arm sleeve <input type="checkbox"/> Glove <input type="checkbox"/> Gauntlet <input type="checkbox"/> Left Only <input type="checkbox"/> Right Only # of Pairs: _____ Colour(s) Requested: _____ Details and/or Order Numbers of current: _____ _____ _____ Green Shield Coverage Details: _____ _____ _____		Current Brand: <input type="checkbox"/> Tena <input type="checkbox"/> Depends <input type="checkbox"/> Attends <input type="checkbox"/> Tranquility <input type="checkbox"/> Kirkland <input type="checkbox"/> Prevail <input type="checkbox"/> Other: _____ <input type="checkbox"/> New Client (no preference yet) <input type="checkbox"/> Pull Ups <input type="checkbox"/> Tabs/Briefs <input type="checkbox"/> Pads <input type="checkbox"/> Liners Absorbency: <input type="checkbox"/> Regular <input type="checkbox"/> Overnight <input type="checkbox"/> Ultra/Super <input type="checkbox"/> Men's Specific <input type="checkbox"/> Women's Specific Waist Measurement: _____ inches Size: <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> XLarge <input type="checkbox"/> 2XL <input type="checkbox"/> 3XL <input type="checkbox"/> Wipes <input type="checkbox"/> Barrier Cream <input type="checkbox"/> Cleansing Cream <input type="checkbox"/> Guards Details and/or Order Numbers of current: _____ _____ Underpads <input type="checkbox"/> Disposable <input type="checkbox"/> Reusable <input type="checkbox"/> with Straps <input type="checkbox"/> Quilted Size Preference <input type="checkbox"/> 17"x24" <input type="checkbox"/> 23"x36" <input type="checkbox"/> 28" x 36" <input type="checkbox"/> 30"x30" <input type="checkbox"/> 30"x36" <input type="checkbox"/> 36"x23" <input type="checkbox"/> Other: _____ <input type="checkbox"/> Unsure

...BRACING REVERSE SIDE

Bracing

Diagnosis: _____

Arm & Shoulder

- ☐ Cervical Collar ☐ Clavicle Strap ☐ Collar & Cuff ☐ Envelope Arm Sling ☐ Super Sling
☐ Humeral Fracture Orthosis ☐ Humeral Fracture Orthosis Deltoid ☐ Velpeau Immobilizer

Measurements (cervical collar, collar & cuff are universal) See catalog for individual measurement requirements.

☐ Left ☐ Right _____

Wrist, Thumb & Elbow

Forearm Band: (Tennis/Golfer's Elbow)

- ☐ Bandit ☐ Bandit w/magnet ☐ Bodyflex II ☐ EPI Clasp ☐ TGA ☐ Serola Gel Arc ☐ Other: _____

Elbow Support: ☐ MKO Regular ☐ MKO Compression ☐ Immobilizer ☐ Protector

Wrist/Thumb Support: ☐ CMC ☐ Thumb only ☐ Wrist Only ☐ Immobilizer/Splint ☐ Stabilizer ☐ Wrap ☐ Sleeve

Measurements: ☐ Left ☐ Right _____

Back

- ☐ Hernia Aid ☐ Maternity Support ☐ Serola Sacroiliac Belt ☐ Abdominal Binder ☐ Lumbosacral Support
☐ Rib Belt ☐ Back Brace *if this is a replacement, please include details of existing brace: _____

Measurements: _____

Foot & Ankle

- ☐ Walking Boot: _____ ☐ Post-Operative Shoe ☐ Cast Boot ☐ Orthowedge
☐ Heel Wedge ☐ PegAssist Insole PQ ☐ Toe Alignment Splint ☐ MKO Plantar Fascia Insole ☐ Heel Cups
☐ MKO PF Sleeve ☐ MKO PF Sock ☐ Plantar Fasciitis Splint ☐ Dorsal Night Splint ☐ Drop Foot Brace
☐ Compression Ankle Support ☐ Ankle Air Stabilizer ☐ Quick Ankle Brace ☐ MKO Ankle Brace
☐ Ankle LOK ☐ MKO Calf Support ☐ EvenUp Shoe lift ☐ Other: _____

Measurements: _____

Leg & Knee

- ☐ Jumpers Knee Strap ☐ Kneedit (with or without magnet) ☐ Knee Immobilizer
☐ Knee Support Open Patella ☐ Closed Patella ☐ Knee Support with Stays ☐ Thigh Support ☐ Knee Brace
☐ Hinged Knee Brace ☐ Hinged Knee Wrap ☐ Patella Stabilizer ☐ Patella Brace ☐ Compression Knee

Measurements: _____

Specialty

Heat Pads: ☐ Neck ☐ Universal ☐ Lower Back ☐ Plug In ☐ Microwave

Hot/Cold Packs: ☐ SM 4"x6" ☐ MD 5"x10" ☐ LG 6"x9" ☐ XL 10"x12" ☐ 2XL 11"x15"

Splints: ☐ Finger ☐ Buddy/Finger Loops ☐ Mallet Stax Splint ☐ Toe Loops

☐ Kinesio/Muscle Aid Tape ☐ Bunion-Aider ☐ Gelmate Scar Gel Sheets ☐ Gloves (Arthritis, Tendonitis, Muscle Stiffness)

☐ Other: _____

Additional Information: _____