

Agency Survey Addendum: **MEDICAL EQUIPMENT AND SUPPLIES**

Agency Name:

This form is used for providers of medical equipment and supplies. So that we are able to get a clear picture of the services that you provide, and the populations that you serve, please complete this form in addition to the Agency Survey form. Choose all that apply to your organization on a regular basis.

Medical Equipment

- Adapted Healthcare Devices
- AIDS/ HIV/STD Prevention Kits
- Compression Hosiery
- Eye Patches
- First Aid Kits
- Hernia Supports
- Incontinence Supplies
- Insulin Injection Supplies
- Medical Dressings

Respiratory Equipment

- Air Purifiers
- Humidifiers
- Oxygen
- Oxygen System Accessories
- Portable Volume Ventilators

Monitoring Equipment

- Apnea Monitors
- Blood Pressure Monitors
- Heart Monitors
- Home Glucose Monitoring Systems
- Nebulizers
- Needle Exchange Programs
- Ostomy Supplies
- Physical/ Occupational Therapy Aids

Sickroom Equipment/Supplies

- Toileting Aids
- Cushioning/Support Devices
- Hospital Beds
- Pressure Reduction Mattresses/Beds

Other:

Signature/Name/Title:

Date: