

Agency Survey Addendum: *MEDICAL EQUIPMENT AND SUPPLIES*

Agency Name:

This form is used for providers of medical equipment and supplies. To get a clear picture of the services you provide and the populations that you serve, please complete this form in addition to the Agency Survey form. Please read all the categories, and indicate all that apply to your organization regularly? This completed form will help us to make only the most proper referrals to your organization.

Medical Equipment

- Adapted Healthcare Devices
- AIDS/ HIV/STD Prevention Supplies
- Compression Garments
- 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

Other:

Monitoring Equipment

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

Sickroom Equipment/Supplies

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

Signature/Name/Title:

Date: