(For internal use:) Approved by: _____ Version Feb 2015

Pre-approval date:_____ Approval date:_____

Timion Order Form

Fax: 086 561 7173, Email: info@timion.org, Tel: 042 2934296

All relevant sections of the form need to be completed, for your order to be approved. Otherwise the order form will be returned to you to fill in missing information.

PLEASE FAX/EMAIL ALL 3 PAGES OF FORM

Timion
Non Profit Company- NPO 121-166
Tel: 042 293 4296 info@timion.org
Fax: 086 561 7173 www.timion.org
Equipment for children with cerebral palsy

General information

Patient name		Diagnosis:	
Address		GMFCS level:	
		Tone	
Phone 1:		Distribution	
Phone 2:		Associated problems (e.g. deformities, CVI, SI, behaviour)	
Hospital/clinic			
Date of birth:			
Gender:			
Caregiver relationship(mother..)			
Caregiver name:		Name of therapist:	
		Phone therapist:	
Is this person who mostly takes care of child?	Yes ☐ No ☐	Email therapist:	
Child is during day at:		Same equipment also ordered from government	Yes ☐ No ☐
Who is caregiver during day?			

Child has following equipment (any equipment from government, Timion or other supplier)

device	Issue date	Comment. Eg.reason why not using, (e.g. too small)

Getting to know child: Please complete all questions based on your interview & relationship with carer and child

1. The child smiles when/ enjoys…….

2. He/she can almost/with assistance…….

3. Things that this child do with the rest of the family/other children are…..

4. One thing that would help this child to participate more in activities with family/other children is….

5. The caregiver's strengths are...(Listen to what she is doing for child&family.What is she doing well?)

6. What are the caregivers hopes & expectations for therapy in the next 3months?

7. Incorporate mom's expectations to come up with a collaborative SMART therapy goal (give guidance to make goal realistic for such a short time period)

8. Discuss and explain the size of the equipment.

Mom & family is happy to make space for it. ☐ yes ☐ no

3. Equipment selection & measurements (Each selected equipment has to be motivated in Section 4)

Standing devices (Only one per patient). Note: Child over 2 years for standing equipment.

☐ Standing frame — Distance heel to nipple in cm: ____

Foot position in weight bearing? Need for orthotics? ☐ *yes* ☐ *no* | *Ordered if necessary from O&I* ☐ *yes* ☐ *no*

☐ Tilt adjustable standing frame — Distance heel to nipple in cm: ____

Only in exceptional cases. Very seldomly needed. Please contact us before ordering.

☐ Tilt table — Heel to nipple in cm: ____ Seat length: ____

For taller patients that are too difficult to put into an ordinary standing frame. Only in specially motivated cases. Please contact us before ordering.

Equipment for recumbent positioning

☐ Sidelyer — Top of head to heel: ____ Heel to back of knee: ____ Back of pelvis to back of knee: ____

Active sitting for ADL's/therapy

☐ Bench — Heel to back of knee in cm: ____

☐ Table, height adjustable — Height of table surface(in cm): ____

Try out different heights, to determine ideal height

☐ Toilet bench — Heel to back of knee in cm: ____

Walking devices. (Only one of these can be ordered per patient)

☐ Reverse rolator

☐ Reverse rolator with forearm weight bearing-gutters

Height of radial stilloid process from floor: ____

Height of elbow from floor: ____

Hip width: ____

Shoulder width: ____

☐ Walker horse — Heel to groin: ____

Postural seating devices. (Only in special cases, since Government provides seating devices!!!)

☐ Posture chair

☐ Height adjustable chair (like Sit-right chair)(no postural support)

☐ Corner chair (less postural support than posture chair

		Shoulder width ↓
Seat depth:		
Hip width:		
Seat height(heel to back of knee)		
Back height (seat to top of head)		
Seat to top of shoulders		

Resting Splints

☐ Soft splint

Upper limb	☐ left	☐ right
Armpit - wrist		
Circumference armpit		
Circumference wrist		

Lower limb	☐ left	☐ right
Groin -ankle		
Circumference below groin		
Circumference ankle		

Sensory Stimulation

☐ Vision toys ☐ Tactile toys

Other devices as discussed with Timion (there might be other devices available, check www.timion.org)

☐ _____(devise name) _____

_____

Measurements _____

4. Motivation (for each equipment separate)

Equipment type: _____

Why and how will device be used to achieve caregiver and therapist's goals? What activities will be given with device?

Goal:

Activities:

Equipment type: _____

Why and how will device be used to achieve caregiver and therapist's goals? What activities will be given with device?

Goal:

Activities:

Equipment type: _____

Why and how will device be used to achieve caregiver and therapist's goals? What activities will be given with device?

Goal:

Activities:

Therapist signature: _____