



EQUIPMENT AND SUPPLIES

DOES YOUR CHILD EAT BY: MOUTH GASTROSTOMY BOTH

DOES YOUR CHILD HAVE ANY DIET RESTRICTIONS? YES NO

IF YES, PLEASE EXPLAIN:

PLEASE INDICATE IF YOUR CHILD USES ANY OF THE FOLLOWING EQUIPMENT:

- CARDIAC / RESPIRATORY MONITOR
- PORTABLE SUCTION MACHINE
- OXYGEN
- O2 SATURATION
- NEBULIZERS FOR AEROSOL
- FEEDING PUMP
- GASTROSTOMY _____ TUBE SIZE
- TRACHEOSTOMY TUBE _____ SIZE
- WHEELCHAIR
- WALKER
- SPECIAL SEATING
- STANDER
- AFO'S
- SMO'S
- BRACES
- HEARING AIDE
- GLASSES

PLEASE INDICATE IF YOUR CHILD HAS BEEN TESTED FOR THE FOLLOWING:

HEARING: YES NO RESULTS: _____
VISION: YES NO RESULTS: _____