Assistive Technology

PRODUCTS AND SERVICES

Communication Devices Program

Desired Equipment Form

Deer Lodge Centre (DLC)
2109 Portage Ave.
Winnipeg, MB R3J 0L3
Tel. (204) 831-3430

Client Name: _____ **PHIN:** |_|_|_|_|_|_|_|_|_|_|_|_|

Clinician: _____ **Request for:** ☐ Clinic Loan ☐ Trial ☐ Rental

CLINCIAN DESIRES EQUIPMENT BY: |_|_| |_|_| |_|_|_|_| (D D M M M Y Y Y Y) **CHECK OUT TO CLIENT BY:** |_|_| |_|_| |_|_|_|_| (D D M M M Y Y Y Y)

SPEECH-GENERATING DEVICE:

☐ ***iDevice***: ☐ iPad ☐ iPad Mini ☐ iPad Pro
☐ ***Windows Tablet***: ☐ Surface Pro ☐ Surface Go
☐ ***Tobii DynaVox***: ☐ indi ☐ I-110 ☐ I-12/ 13
☐ ***Lightwriter:*** ☐ QWERTY ☐ ABC / ☐ Black ☐White
Keyguard: ☐ Raised Keys ☐ Deep Keys ☐ Flush
☐ ***GoTalk***: ☐ Pocket ☐ One ☐ 9+ ☐ 20+ ☐ Express 32
☐ ***QuickTalker***: ☐ 7 ☐ 12 ☐ 23
☐ ***Step-by-Step***: ☐ Little ☐ Big
☐ Other: _____

SOFTWARE/APPS:

☐ Communicator 5 (Windows)
☐ The Grid 3 (iOS/Windows)
☐ Predictable (iOS/ Windows)
☐ TD Snap (iOS/ Windows)
☐ Speech Assistant (iOS)
☐ Proloquo4Text (iOS)
☐ Proloquo2Go (iOS)
☐ Touch Chat (iOS)
☐ Pictello (iOS)
☐ GoTalk Now (iOS)
☐ Other: _____

ACCESS:

☐ Direct (touch screen/buttons)
☐ Stylus (see below)
☐ Switch (see below)
☐ Mouse Alternate (see below)
☐ Eye Tracking (see below)
☐ External Keyboard(see below)
☐ Other: _____

MOUNTING:

☐ Not applicable
☐ Device Mount (see reverse)
☐ Switch Mount (see reverse)

User/ Profile, Grid Array or Additional Instructions for Software Set-Up: _____

_____

VOICE: ☐ Very High Pitch (childlike) ☐ High Pitch ('feminine') ☐ Low Pitch ('masculine') ☐ Other: _____

FOR iDEVICE REQUESTS: ***For items marked with * - please provide rational in Special Instructions (see reverse)***

Place desired app(s) on bottom/quick access bar: ☐ Y ☐ N Remove all other speech-generating apps: ☐ Y ☐ N
Restrictions*: ☐ ON ☐ OFF Specific Generation Required*: ☐ Y: _____ ☐ N
Desired Case: ☐ Protective ☐ Lightweight ☐ Specific Case Name (if known): _____
Transport Method: ☐ Shoulder Strap ☐ Mountable: (☐ Daessy, ☐ IDEAS, ☐ Other: _____)

FOR ALTERNATE ACCESS REQUESTS:

Stylus: ☐ Standard ☐ T-bar ☐ Flexible ☐ Other:_____
Switch: ☐ Ultra-light ☐ Candy Corn ☐ Sip 'N Puff ☐ Other:_____
Mouse Alternate: ☐ Head Mouse Extreme ☐ Trackball ☐ Trackpad ☐ Other:_____
Eye Tracking: ☐ TD Pilot (iOS) ☐ PC Eye 5 (Windows) ☐ Built-in (I-12+/13) ☐ Other:_____
External Keyboard: ☐ Large Key ☐ Bluetooth ☐ Compact ☐ Other: _____
Interface: ☐ iSwitch ☐ Joy Cable ☐ Blue2 ☐ Other:_____

NON SPEECH-GENERATING DEVICE REQUESTS (i.e. Voice Amplifier): **Client has: ☐ Pacemaker | DBS (☐ single ☐ double)**
Voice Amplifier: ☐ Mini Buddy (8 Watts, knob to turn on/off) ☐ Spokeman (5 Watts, wheel to turn on/off)
Microphone Style: ☐ large headset ☐ small headset ☐ lapel ☐ gooseneck ☐ ear hook ☐ double ear hook

Internal use ONLY **NAV Code: _____ Completed by: _____ Date: _____**
Provision Person: _____ Provision Method: _____

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Mounting Equipment Request:

☐ **Switch Mount** (Indicate particulars below in "Special Instructions")

☐ Locline ☐ Daessy STEM System ☐ IDEAS tube & socket

☐ **Device Mount**

☐ ***Rolling Floor Mount***:

☐ Round Base (Ideas), **OR** ☐ U-shape Base (Daessy), ☐ 32" ☐ 36" **&** ☐ Tall ☐ Regular

☐ ***Desk Mount***: ☐ Daessy ☐ IDEAS

☐ Suction Mount (available for lightweight tablets only)

☐ Chair Mount (enter particulars below, if known)

☐ **Daessy Mounting Options:**

	Part Number	Description
Frame Clamp Inner Piece		
Frame Clamp Outer Piece		
Receiver		
Spacing/Positioning (i.e. # of O3L, SPCR)		
Straight or Offset Tubing Vertical (length)		
Straight Tubing Horizontal (length)		
Type of Elbow		
Type of Quick Release Base		
Other		

☐ **IDEAS Mounting Options**:

	Part Number	Description
Frame Clamp Inner Piece		
Frame Clamp Outer Piece		
Receiver		
Arm (i.e. Lift & Lock, M2X)		
Type of Quick Release Base		
Other		

Special instructions and/or requests for device and/ or mounting: _____

_____

_____

_____

_____

_____

_____