



Winnipeg Regional Health Authority Office régional de la santé de Winnipeg

Assistive Technology PRODUCTS AND SERVICES Communication Devices Program Post Rental Follow-Up Form

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

CLIENT NAME:

PHIN:

Completed by:

Date:

PART A – Gather information from Chart, PRIOR to making phone call

Please Contact: Relation:

Device: Contact Number:

App/Software:

Mounting/Case: NO YES: Where:

Alt. Access: NO YES: Where:

Rental Start Date: Most Recent Back-up:

PART B - Contact & gather information from the client/caregiver during phone call:

Introduce yourself and outline why you are calling (client shows as renting a communication system from the Communication Devices Program), and we would like to follow-up. Ask if you are speaking with the person who is best able to answer those types of questions. YES, continue to questions. NO, ask for the name and contact information for the most appropriate person (* and ANY available discharge or summary reports if clinician no longer involved).

Name: Relation: Number:

1. Confirm all contact information we have is correct (name, address, DOB, etc). If changes are required, use the Contact Tracking Form & please ensure NAV and WinCis are also updated. N/A

2. Which clinicians are you (the client) currently working with (SLP/OT)? N/A (i.e. no one)

a. SLP NAME: Employer: Contact:

b. OT NAME: Employer: Contact:

c. OTHER: Employer: Contact:

d. OTHER: Employer: Contact:

3. How are you (is the client) using the device? If answer is unclear ask: Can you give me an example of how you use it to communicate?

Blank lines for handwritten response to question 3.



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4. What app(s)/software do you use? **N/A** (move to question #5)

a. Is the programming meeting your needs? **YES**, move to question #5. **NO**, describe below:

b. Would additional support/training help? **NO**, move to letter c. **YES**, indicate to client/ caregiver you will notify CDP clinicians, and continue to next question. **Send notification to:** SLP OT

c. Do you (Does the client) feel that the equipment should be returned as it is no longer helping? **NO**: move to letter d. **YES**, assist with providing information on how to return equipment, & end phone call here.

d. What is required to ensure that you/the client can continue to use the equipment effectively?

5. Does all the equipment function properly? **YES**: move to next question. **NO** (please provide details below & **Notify Dimitri**)

a. Technical issues/glitches: _____

b. Frequent need to restart or re-pair: _____

c. Difficulties with the charger/switch ports: _____

d. Any physical damage to any device/equipment: _____

e. OTHER: _____

6. Do you (Does the client) have any difficulty using the equipment? (i.e. able to touch/use the screen or alternate access as needed, the device/alt. access is in the correct position for easy use?) **NO**: move to next question. **YES**, describe below:

a. Device: _____

b. Alt. Access: _____



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- 7. Have you (Has the client) experienced any changes that affect your/their ability to use the equipment?
8. Has your (your clients) mounting system been looked at in the last month to ensure all parts are tight and in working order?
9. Do you have any equipment that you no longer use that should be returned to CDP?

Indicate a letter will follow that lists all the equipment currently checked out to them (the client). If they notice that there is something on that list that they DO NOT HAVE, ask that they contact CDP asap to discuss same.

Thank them for their time and inform them of CDP contact information (also that they can contact us at any time for assistance, etc). ** If there is a return call(s) required, tell them it will be completed as caseloads allow.

Any Additional Notes:

PART C - Internal Follow-up Checklist

- A. Required demographic changes completed: N/A Chart NAV WinCis Other
B. Equipment to be returned: NO YES, Date: Followed-up up via phone, as equipment not received. DATE: Once equipment checked in provide "Equipment Return Received" letter. DATE:
C. Follow-up Required: YES (see below) NO Notified: SLP OT RA ET Coordinator
D. Follow-up phone call scheduled in 12 months: YES DATE:
E. Full Equipment List Mailed to client: YES DATE: