

Application for Sleep System Trial

Send form to solutions@medifab.com or call 0800 543 343 to speak with a Product Consultant.

Date		Medifab Reference	
Therapist Name		Client Name	
Organisation		DOB	M / F
Telephone		Parent/Carer Name	
Email Address		Residential Address	
Funding Provider			
Funding Approval	<input type="checkbox"/> Yes, Approval received	Approval Number	
Sleep System to Address	<input type="checkbox"/> Postural Tone <input type="checkbox"/> Asymmetry	<input type="checkbox"/> Temperature Regulation <input type="checkbox"/> Pain	<input type="checkbox"/> Seizures <input type="checkbox"/> Pressure
Medical Issues to Note	<input type="checkbox"/> Reflux <input type="checkbox"/> Aspiration	<input type="checkbox"/> Seizures Other:	<input type="checkbox"/> Gastrostomy
Current Preferred Sleep Position	<input type="checkbox"/> Supine	<input type="checkbox"/> Side Lying	<input type="checkbox"/> Prone
Sleep System components required for the following positions	<input type="checkbox"/> Supine	<input type="checkbox"/> Side Lying	<input type="checkbox"/> Prone
Size of bed on which the Sleep System will be trialled	<input type="checkbox"/> Single Other:	<input type="checkbox"/> Double	<input type="checkbox"/> Hospital Bed
Type of mattress being used			
Preferred Sleep System	<input type="checkbox"/> Symmetrisleep <input type="checkbox"/> SleepShape	<input type="checkbox"/> CareWave <input type="checkbox"/> No preference	<input type="checkbox"/> Dreama
Carer Commitment to Night Time Postural Care	<input type="checkbox"/> Very keen	<input type="checkbox"/> Keen	<input type="checkbox"/> Not keen
Trial Appointment	<input type="checkbox"/> Send equipment directly to me to set up	<input type="checkbox"/> Arrange joint visit with a Medifab consultant	<input type="checkbox"/> Appointment to be at a Medifab clinic: AKL/ CHC
Notes			

Trial terms: Medifab trial terms include that Sleep system trial goods shall be with the assessor for no more than 21 days of which they shall be no more than 14 days with the client, unless otherwise arranged with Medifab. The assessor is responsible for the goods for the duration of the trial and they must be returned to Medifab in clean, laundered condition. Medifab reserves the right to incur reparation fees for damaged or missing goods.