

Supplies & Equipment List

Last updated: _____

What the person I support uses, where it is kept, and who to call for repairs and refills. Fill in by hand.

Supplier names and phone numbers only. Do not write account, member, or order numbers on this sheet.

Name of the person I support: _____

Emergency contact & phone: _____

MEDICAL EQUIPMENT

Item	Where kept / how to use notes	Vendor or supplier	Vendor phone	Rented or owned
Walker				☐ Rented ☐ Owned
Cane				☐ Rented ☐ Owned
Wheelchair				☐ Rented ☐ Owned
Hospital bed				☐ Rented ☐ Owned
Shower chair				☐ Rented ☐ Owned
Raised toilet seat				☐ Rented ☐ Owned
Grab bars				☐ Rented ☐ Owned
Lift				☐ Rented ☐ Owned
Other				☐ Rented ☐ Owned
Other				☐ Rented ☐ Owned

OXYGEN *(if used)*

Prescribed flow rate (copy exactly from the order): _____

Follow the prescription; do not change the setting.

Oxygen supplier: _____

24-hour phone: _____

Backup tanks are kept at: _____

No smoking or open flames near oxygen. Keep oxygen tanks at least 5 feet from heat sources, open flames, and electrical devices.

Power-dependent equipment: If equipment needs electricity, tell your power company and keep a backup plan for outages. Many utilities have a medical-need registry; it does not guarantee that power will stay on.

Free to print and share. From Lighthouse by Dragonfly, an iPhone app for organizing care information, medications, and appointments. lighthousebydragonfly.com

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INCONTINENCE AND PERSONAL CARE SUPPLIES

Item	Size or type	Where kept	Reorder from	Reorder when
Briefs or pull-ups				
Pads or liners				
Bed pads (underpads)				
Barrier cream				
Other				
Other				

OTHER SUPPLIES

Item	Size or type	Where kept	Notes
Gloves			
Wipes			
Skin care			
Wound care			
Diabetes testing supplies			
Hearing aid batteries			
Other			

REORDER TRACKER

Item	Supplier & phone	How often	Last ordered	Next due

Follow the care team's and supplier's instructions for equipment and supplies. Ask them before changing how anything is used.

