



**Timion feedback form: Please fax to: 086 561 7173 or email to: info@timion.org (phone: 0422934296)**

Thank you for completing the form below to update us on the suitability and effectiveness of the equipment provided

**General information**

Patient name		Date of birth:	Gender
Address		Caregiver name:	
		Caregiver relationship	
Phone 1:		Name of therapist:	
Phone 2:		Phone Therapist	
Hospital/clinic		Email therapist:	
		Date of issue	

**Child has been assessed with the following equipment**

Equipment + serial nr: \_\_\_\_\_ Now at Childs home? Yes / No - Where? \_\_\_\_\_

Comment on suitability of equipment to meet therapy goal: \_\_\_\_\_

\_\_\_\_\_

How did you adapt to suit child? \_\_\_\_\_

\_\_\_\_\_

Comment on how caregiver managed the equipment? \_\_\_\_\_

\_\_\_\_\_

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Equipment + serial nr: \_\_\_\_\_ Now at Childs home? Yes / No - Where? \_\_\_\_\_

Comment on suitability of equipment to meet therapy goal: \_\_\_\_\_

\_\_\_\_\_

How did you adapt to suit child? \_\_\_\_\_

\_\_\_\_\_

Comment on how caregiver managed the equipment? \_\_\_\_\_

\_\_\_\_\_

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Equipment + serial nr: \_\_\_\_\_ Now at Childs home? Yes / No - Where? \_\_\_\_\_

Comment on suitability of equipment to meet therapy goal: \_\_\_\_\_

\_\_\_\_\_

How did you adapt to suit child? \_\_\_\_\_

\_\_\_\_\_

Comment on how caregiver managed the equipment? \_\_\_\_\_

\_\_\_\_\_

Other Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please note the equipment code will be on the contact details label on the equipment**  
**Remember to send a picture of the child in the equipment via whats app to 0748887028 with Childs name**