HOME MEDICAL EQUIPMENT
WHEEL CHAIR PRESCRIPTION

PATIENT
NAME:____________________________ADDRESS:____________________________PH#_________________

DOB:__________________HT:_________ WT:__________ PLACE OF SERVICE:__12__

ORDERING PHYSICIAN:____MD___PH#_________________

PHYSICIAN SIGNATURE:X____DATE:___________________

CIRCLE TYPE OF WHEEL CHAIR:

LENGTH OF NEED:_______1-99(99=LIFETIME) ICD 10 :__________ DIAGNOSES :_____________

TRANSPORT WHEEL CHAIR (WT CAPACITY 250LB)	E1038
TRANSPORT WHEEL CHAIR HEAVY DUTY (WT CAPACITY 400LB)	E1039
STANDARD WHEEL CHAIR(WT CAPACITY 250LB)	K0001/02
STANDARD LT WT WHEELCHAIR (WT CAPACITY 300LB)	K0003
WHEEL CHAIR LIGHT WEIGHT (250LBS)	K0004
CUSHION PAD FOR WHEELCHAIR	E2601/02/03/04

(IN ORDER TO QUALIFY FOR THE CUSHION PAD, PATIENT MUST BE SITTING IN WHEEL CHAIR FOR OVER 4 HOURS A DAY) CIRCLE ONE:
YES NO

ANSWER QUESTIONS BELOW, CIRCLE YES OR NO

1. IS THE PATIENT ABLE TO ADEQUATELY SELF PROPEL (W/O BEING PUSHED) IN A STANDARD WT MANUAL WHEEL CHAIR**?** **YES** **NO**
2. IF THE ANSWER TO QUESTION #1 IS NO. WOULD THE PATIENT BE ABLE TO ADEQUATELY SELF PROPEL (W/O BEING PUSHED) IN THE WHEEL CHAIR WHICH HAS BEEN ORDERED? **YES** **NO**
3. DOES THE PATIENT REQUIRE AND USE A WHEEL CHAIR TO MOVE AROUND IN THEIR RESIDENCE?

WHEEL CHAIR ACESSORIES:

1. RECLINING BACK: DOES THE PATIENT HAVE QUADRIPLEGIA, A FIXED HIP ANGLE, A TRUNK, CAST OR BRACE, EXCESSIVE EXTENSION EXTENSOR TONE OF THE TRUNK MUSCLES OR A NEED TO REST IN A RECUMBENT POSITION 2 OR MORE TIMES DURING THE DAY? **YES** **NO**
2. ELEVATING LEG REST: DOES THE PT HAVE A CAST, BRACE OR MUSCULOSKELETAL CONDITION, WHICH PREVENTS 90 DEGREE FLEXION OF THE KNEE OR DOES THE PATIENT HAVE A SIGNIFICANT EDEMA OF THE LOWER EXTREMITIES THAT REQUIRES AN ELEVTING LEG REST, OR IS A RECLINING BACK ORDERED?
YES **NO**
3. ADJUSTABLE ARM REST: DOES THE PATIENT HAVE A NEED FOR ARM HEIGHT DIFFERENT THAN THAT AVAILABLE USING ADJUSTABLE ARMS? **YES** **NO**
4. RECLINING BACK: HOW MANY HOURS PER DAY DOES THE PATIENT USUALLY SPEND IN THE WHEEL CHAIR? (1-24) ______________ HOURS.