

ONE SOURCE MEDICAL SOLUTIONS, INC.

One Company. Multiple Solutions.™

IS THE PATIENT CAPABLE OF USING:

Cane or Walker within the home (please detail): _____

Functional Status (please provide quantitative measurements):

ROM Limitations: _____

Muscle Strength Limitations: _____

Upper Extremity Function: _____

Lower Extremity Function: _____

Ability to Transfer: _____

Endurance: _____

Trunk Stability: _____

Section 3. Additional Question for Medical Necessity

Please assess the general systems of this patient:

Vision:

Hearing:

Communication:

Cognitive Level:

Respiratory:

Has the patient been evaluated using the manual wheelchair in the home? _____

Can the patient safely operate the manual wheelchair? _____

Where will the patient use the equipment? _____

What is the benefit of a manual wheelchair for this patient? _____

I have reviewed Sections 1, 2, and 3 of this clinical assessment and agree that it is an accurate assessment of the client and the needs.

Therapist's Name: _____ Physician's Name: _____

Address: _____ Address: _____

Signature: _____ Date: _____ Signature: _____ Date: _____

License #: _____ NPI: _____

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