

Patient Name:

Initial Contact date:

**** Examples****

1. Progress Notes from ordering practitioner****
 - a. Primary reason for visit for PMD evaluation
 - b. Discussion of mobility deficit as related to diagnosis
 - c. Objective documentation (something that is actually measurable) ie: how far can patient ambulate independently/ what assistive device has been used in past
 - d. Medical record needs to contain Height/ weight/ musculoskeletal exam such as arm/leg strength and range of motion
 - e. Neurological exam --- Gait/ Balance / coordination
 - f. Reason unable to use – cane/walker/optimally configured MWC/scooter
 - g. Relates to need to go from point A to point B and complete MRADs within the HOME
2. 7 Element Order (not to be touched by supplier) ****
 - a. Patient name
 - b. Date of completion of Face to Face (can be date actually seen by doctor/date doctor reviewed and concurred with clinical evaluation/ date of discharge from hospital)
 - c. Diagnosis related to mobility impairment
 - d. Length of Need (lifetime =s (99)
 - e. Item being ordered : can simply state *power mobility device/power chair/scooter * this is not to be written on blank form*
 - f. Physicians “legible signature”
 - g. Date of signature
3. Evaluation by clinician: (for all group 2 single power options and above/grp 3s/4s/5s & manual wheelchairs with power assist – any “custom” seating) ****
 - a. Should be complete with objective statements
 - b. Should mirror physicians comments
 - c. If a form is used and check offs are there they need to have full explanation of why
Can patient safely use a cane/walker Y N Brief statement as to why?
 - d. Needs to have neuromuscular measurements such as manual muscle testing
 - e. Any accessory ordered and billed must have clinical justification
 - f. Must be legible with signatures and date of therapist and concurrence of ordering practitioner.
4. Detailed Product Description prior to delivery but after 7 element order ****
 - a. Patient Name and address
 - b. Item ordered (description) and code Must have name, make, model on all items
 - c. Physicians signature (legible) and date
5. Attestation Statement of no financial relationship with clinician completing evaluation ****
6. Home assessment by supplier to be completed (at time of) or (prior to) delivery but NOT before receiving the 7 element order. ****
7. Purchase Option Letter for power for all group 3s ****
8. **ALL documentation & signatures must be legible. Can have physician print name below signature. ****
Don't forget the other “routine” information – /delivery ticket/AOB/education give/warranty information/documented return policy/ etc. – ALL ITEMS must have date stamp when received.**

