

Cane/Rollator/Walker - Medicare Questionnaire

DETAILED WRITTEN ORDER FOR DURABLE MEDICAL EQUIPMENT

**Prescriber's Name
(Print)**

REQUIRED

NPI

REQUIRED

Order Date

REQUIRED

**Prescriber's
Signature**

X

STAMPED SIGNATURE NOT ACCEPTED

Signature Date

REQUIRED

Please sign, date and fax back to Forester Family Medical Supply.

PATIENT INFORMATION

Patient Name

DOB

Phone#:

Height:

WT:

DURABLE MEDICAL EQUIPMENT

Please answer the 2 questions and send an additional chart notes.

- 1) Does the patient have a mobility limitation that significantly impairs his/hers ability to participate in one or more mobility-related activities of daily living (MDADLs) such as toileting, feeding, dressing, grooming, or bathing in customary location in the house?

Yes

NO

Mobility limitations:

- A) Prevents the patient from accomplishing an MDADL entirely or
- B) Places the patient at reasonably determined heightened risk or morbidity or mortality secondary to the attempts to perform an MRADL, or
- C) Prevents the patient from completing an MRADL with reasonable time.

- 2) Can the patient safely use the Cane/Rollator/Walker, and the functional mobility deficit can be sufficiently resolved?

Yes

NO

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