

# REFERRAL FORM

## INFORMATION

REFERRING PROVIDER:

Patient Name: \_\_\_\_\_

Patient Phone: (     ) \_\_\_\_\_

Address: \_\_\_\_\_

## AIDS TO DAILY LIVING

- ☐ Walker E0135
- ☐ Hemi Walker E0135
- ☐ Walker Platform Attachment E0154
- ☐ Wheeled Walker E0143
- ☐ Wheeled Walker with Seat E0143-E0156
- ☐ Extra Wide Walker E0148
- ☐ Cane E0100
- ☐ Sidestepper E0135
- ☐ SM Base Quad Cane E0105
- ☐ LG Base Quad Cane E0105
- ☐ Offset Cane E0100
- ☐ Straight Cane E0100
- ☐ Crutches E0114
- ☐ Crutch Platform Attachment E0153
- ☐ Extra Wide Commode E0168
- ☐ Double Arm Commode E0165
- ☐ Bedside Commode E0163
- ☐ Confined to a single room or to one level of their home environment with no bathroom facilities.

## HOSPITAL BED

- ☐ Alternating Pressure Pad & Pump (APP), includes Bariatric E0181☐ Trapeze Bar E0910☐ Free-Standing E0940☐ Alternating Pressure Low Air Loss Mattress E0277☐ Patient Lift E0630☐ Gel or Gel-Like Pressure Pad or Overlay E0185☐ Dry Pressure Mattress E0184☐ Air Pressure Mattress E0186☐ Other:
- ☐ Semi-electric Hospital bed w/ mattress E0260☐ Semi-electric Hospital bed w/o mattress E0261☐ Full-electric Hospital bed w/ mattress E0265☐ Full-electric Hospital bed w/o mattress E0266☐ Variable Height Hospital bed w/ mattress E0255☐ Variable Height Hospital bed w/o mattress E0256☐ Heavy Duty Hospital bed w/ mattress E0303☐ Heavy Duty Hospital bed w/o mattress E03010☐ Extra Heavy Duty Hospital bed w/o mattress E03010☐ Heavy Duty Hospital bed w/o mattress E03010

## INCONTINENCE SUPPLIES

- ☐ Urinary Incontinence☐ Bowel Incontinence
- Also list DX causing incontinence: \_\_\_\_\_
- Please indicate supplies requested: \_\_\_\_\_

## WHEELCHAIR

- Type & Weight Limit:

Size: (Seat & Width)

Options:
- ☐ Standard Wheelchair (up to 250lbs.) K0001☐ Hemi Height Wheelchair K0002☐ Lightweight Wheelchair (under 250lbs.) K0003☐ Child☐ Elevating leg rest K0195/E0990☐ Reclining Back E1226☐ Tall Seat (over 21") K0056☐ Heavy Duty Wheelchair (over 250lbs.) K0006☐ Extra Heavy Duty Wheelchair (over 300lbs.) K0007☐ Seat Cushion E2601, E2602, E2603☐ Back Cushion E2611☐ Brake Extensions E0961☐ Footrests w/ heel loops E0951☐ Quick Release Axle K0108☐ Stump Support E1020☐ Anti-tippers (pair) E0971☐ Pelvic Strap E0978

Heavy Duty Transport Wheelchair (over 300 lbs.) E1039

Standard Transport Wheelchair (up to 250 lbs.) E0138

☐ Super Hemi Height Under 17" K0056☐ Amputee Setback (Bi-lateral AKA) E0959☐ Other:
- ☐ Condition confines client to bed or chair & wheelchair required to move about in residence.
- Patient using ambulatory aid? ☐ Yes ☐ No If yes, please specify: \_\_\_\_\_

## OTHER EQUIPMENT OR SUPPLIES

- ☐ Compression Garment (select size)
- \_\_\_ Small \_\_\_ Medium \_\_\_ Large \_\_\_ XLarge \_\_\_ XXL
- Compression mmHg:
- \_\_\_ 20-30 \_\_\_ 10-20 \_\_\_ 15-20 \_\_\_ 8-15
- \_\_\_ Socks \_\_\_ Hosiery \_\_\_ Thigh-high

## OTHER EQUIPMENT OR SUPPLIES

List or describe any other items not listed above here:

## PLEASE SUBMIT PERSCRIPTION/STANDARD WRITTEN ORDER ALONG WITH THIS FORM.