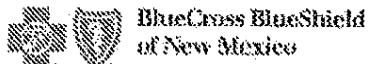


Good morning,

Please see attached wheelchair questionnaire for George Wang (DOB 8/5/1932). Please have Dr. Neville sign and please return to Advance Medical Supply at 773-205-6994. Thank you!

Natale

Natalie Wells, BSN, RN
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3500 Lacey Rd
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State of Illinois
Department of Healthcare and Family Services

Standard Manual Wheelchair Questionnaire

Participant's Name George Wang (M) RIN XOG901342275 Birth Date 08/06/1932

Height 5 ft 6 in Weight 160 lbs Participant's Hip Width 16"

Procedure code and description of wheelchair
K0003 - Lightweight Manual Wheelchair

Weight capacity of wheelchair 300 LB Width of wheelchair 16"

Diagnosis

We have sent this multiple times!
please call us at 630-527-1818
for additional info

Current ambulation status

Upper body control and strength

Does participant have the ability to self propel? Yes No

If not, why?

If the participant is unable to safely self-propel the manual wheelchair does he/she have a caregiver who is available, willing, and able to provide assistance with the wheelchair? Yes No

Does the participant need wheelchair to meet activities of daily living over the use of a walker or cane? Yes No

If not, why?

Is this being requested for temporary use for injury or post op? Yes No

If yes, date of injury or surgery _____ Expected duration of need _____

*All requests for renewal of post surgical/post injury wheelchairs will require updated MD script along with copy of MD clinical follow-up progress note.

Will this manual wheelchair meet participant's long term needs (3-5 years) or will participant need a customized wheelchair?

Physician's Name _____ Telephone Number _____

Attending Physician's Signature _____ Date Signed _____