



Standard Manual Wheelchair Questionnaire

Participant's Name Mario Alvarez Mora RIN XOG911804711 Birth Date 09/12/1957

Height 5 ft 6 in Weight 154 lbs Participant's Hip Width 17"

Procedure code and description of wheelchair
K0003 - Lightweight Manual Wheelchair

Weight capacity of wheelchair 300 LB Width of wheelchair 18"

Diagnosis _____

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 _____