



State of Illinois
Department of Healthcare and Family Services

Standard Manual Wheelchair Questionnaire

Participant's Name Erma Bender RIN XOG901842499 Birth Date 06/14/1945

Height 5'6" Weight 124 lbs Participant's Hip Width 17"

Procedure code and description of wheelchair

K0003 - WHEELCHAIR, LIGHTWEIGHT

Weight capacity of wheelchair 350 lbs 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 _____