State of Illinois
Department of Healthcare and Family Services

# HOSPITAL BED QUESTIONNAIRE

## PATIENT INFORMATION

Name: Rodas Fidelicia  Recipient ID: XXL901332726

Diagnosis: _____  Height: 5'00"  Weight: 132 lb

☒ Semi-Electric Hospital Bed  ☐ Full Electric Hospital Bed

Does the patient have a caregiver? ☐ Yes ☐ No

Is the patient left alone for long periods of time? ☐ Yes ☐ No
If yes, how many hours per day? _____

Can the patient ambulate? ☐ Yes ☐ No

Is the patient bedridden? ☐ Yes ☐ No
If bedridden, what is the transfer method? _____

Is condition permanent? ☐ Yes ☐ No
If no, what is duration of need? _____

Can patient reposition self? ☐ Yes ☐ No

Is the patient able to operate controls on the hospital bed? ☐ Yes ☐ No

Does the patient require positioning not feasible in a standard bed? ☐ Yes ☐ No
If yes, explain: _____

Is this for post-op use? ☐ Yes ☐ No
If yes, date of surgery: _____

Prognosis: _____

Physician's signature: _____  Date: _____

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