



An Independent Licensee of the Blue Cross and Blue Shield Association

## PT or OT Evaluation Motorized Wheelchairs and Other Power-Operated Vehicles

Member name		Wellmark identification number	
Patient name			Date of birth / /
Member address			
City	State	Zip code	
Diagnoses 1. _____ 2. _____ 3. _____ 4. _____ 5. _____			
Functional impairments			
Prescribing physician name			Specialty
Address	City	State	Zip Code
Name of Therapist(s) completing evaluation		Specialty	Date of evaluation* / /
Address	City	State	Zip Code
Equipment <input type="checkbox"/> New <input type="checkbox"/> Replacement  Please attach a list of the medical equipment and add-ons requested for this patient, and the medical justifications for each item. This information is required for a medical necessity review.			
Past medical history			
Has a home assesment been performed to make sure the equipment is the correct specifications for patient's home (i.e., doorway, hallway, room dimensions)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of person who performed the assessment, including name of office or company he or she is associated with.			Estimated length of need
Current home/durable medical equipment			
Cognitive/perceptual skills <i>(note any limitations in ability to safely manipulate equipment)</i>			

Please attach additional information as needed.

\*Evaluation date must be within 6 months of requested date of equipment.

Current physical status

Upper extremity function \_\_\_\_\_  
\_\_\_\_\_

Lower extremity function \_\_\_\_\_  
\_\_\_\_\_

Cervical \_\_\_\_\_  
\_\_\_\_\_

Pelvis \_\_\_\_\_  
\_\_\_\_\_

Sensation \_\_\_\_\_  
\_\_\_\_\_

Skin integrity \_\_\_\_\_  
\_\_\_\_\_

Coordination \_\_\_\_\_  
\_\_\_\_\_

Orthopedic diagnoses, conditions, procedures \_\_\_\_\_  
\_\_\_\_\_

Transfers \_\_\_\_\_  
\_\_\_\_\_

Sitting tolerance \_\_\_\_\_  
\_\_\_\_\_

Edema \_\_\_\_\_  
\_\_\_\_\_

Client specifications

Hip width	Thigh length	Knee to heel	Seat to head
Seat to shoulder	Chest width	Height	Weight