



National Medical Supply, Inc.
Corporate Headquarters
8021 S. Grant Way
Littleton, CO 80122
Tel: (303) 777-1100
Fax: (303) 733-1122
NSC#: 4200880001

Client Name: _____ Client ID: _____

Medicare Crutches/Cane/Walker/Rollator Assessment Questionnaire

1) Does the patient have a mobility limitation that significantly impairs his/her ability to participate in one or more mobility-related activities of daily living (MDADLs) such as toileting, feeding, dressing, grooming, and bathing in customary locations in the home?

A) Mobility limitation is one that:

- 1A) Prevents the patient from accomplishing an MDADL entirely, or
- 2B) Places the patient at reasonably determined heightened risk or morbidity or mortality secondary to the attempts to perform an MRADL: or
- 2C) Prevents the patient from completing an MRADL within reasonable time frame.

2) Can the patient Safely use the Walker/Cane/Crutch, and the functional mobility deficit can me sufficiently resolved with the use of a Walker/Cane/Crutch?

Please answer the following 2 questions and supply any additional notes.

Name of person answering questions, if other than physician:

Print Name: _____ Title: _____

Signature: _____ Employer: _____

Physicians Signature: _____ Date: _____