



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 Commode Questionnaire

Please answer the following 3 questions and provide any additional notes.

1) Is the patient confined to a single room?

2) Is the patient confined to one level of the home environment, and there is no toilet on that level?

3) Is the patient confined to the home, and there are no toilet facilities in the home?

Name of person answering questions, if other than physician:

Print Name: _____ Title: _____

Signature: _____ Employer: _____

Physicians Signature: _____ Date: _____