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Client Name: _____ Client ID: _____

Medicare Manual LightWeight Wheelchair Assessment Questionnaire

Please answer the following 2 questions and provide charts notes.

- 1) Can the patient self-propel in a standard weight wheelchair in the home?

- 2) Does the patient require a lightweight wheelchair instead of a standard weight wheelchair, and can self propel in the lightweight wheelchair?

Name of person answering questions, if other than physician:

Print Name: _____ Title: _____

Signature: _____ Employer: _____

Physicians Signature: _____ Date: _____

**** PLEASE PROVIDE CHART NOTES ****