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Client Name: _____ Client ID: _____

Medicare Pressure Reducing Mattress Questionnaire

Please answer the following 6 questions and provide any additional chart notes.

- 1) Does the patient have multiple stage II pressure ulcers located on trunk or pelvis?

- 2) Has the patient been on a comprehensive ulcer treatment program for at least the past month, which has included the use of an appropriate group I support surface?

- 3) Have the ulcers worsened or remained the same over the past month?

- 4) Does the patient have large or multiple stage III or IV pressure ulcer(s) on the trunk or pelvis?

- 5) Has the patient had a recent myocutaneous flap or skin graft for a pressure ulcer on the trunk or pelvis (surgery within the past 60 days)?

- 6) Has the patient been on a group II or III support surface immediately prior to a recent discharge from the hospital or nursing facility (discharge within the past 30 days)?

Name of person answering questions, if other than physician:

Print Name: _____ Title: _____

Signature: _____ Employer: _____

Physicians Signature: _____ Date: _____

****PLEASE ATTACH CHART NOTES ON WHY THE PATIENT NEEDS THIS PRESSURE REDUCING MATTRESS****