

Equipment Check-Out Evaluation:

Guidelines for the usage of this evaluation form are as follows:

1. Basic information is entered as indicated on the form including patient's name, MPI#, division and unit.
2. Treatment Diagnosis: indicate the reason for referral.
3. Major Limitation/Special Instructions for Adaptive & Assistive Equipment: indicate the reason equipment is needed and any special instructions for the use of the equipment, such as timing and application instructions.
4. Recommendations: Denote whether the patient can participate in each of the listed types of activities and any other pertinent information, such as specific restriction for upper extremity only.
5. Indicate if:
 - A. Physical Medicine Consultation Requested.
 - B. Patient has been instructed on the restrictions for physical activity.
 - C. Patient Voices/ Demonstrated Understanding.
6. Signature of the patient noting that they understand the recommendations for activity.
7. The evaluating therapist must sign, print their name and title and date the evaluation.