



SS Medical Supply

DMEPOS

P.O. Box 89264

Tampa, FL. 33689-0404

V: 1-800-657-4090 F: 1-866-626-7881

Mobility Evaluation

Date of evaluation: ____/____/____

Dr. Name: _____

Dr. Phone: _____

Patient Information:

Name: _____ Phone: _____

Medicare #: _____ Alternate Phone: _____

Address: _____

D.O.B. ____/____/____ Height: _____ Weight: ____lbs Diagnosis: _____

Primary Insurance:

Secondary Insurance:

Name of company: _____

Phone: _____

Address: _____

Member ID #: _____

Dwelling Evaluation:

Housing type: ____ Apartment ____ Mobile Home ____ Single Story ____ Two Story Other: _____

Surfaces: ____ Carpet ____ Hardwood ____ Linoleum/Vinyl ____ Tile Other: _____

Space: ____ Cluttered ____ Open ____ Small Rooms ____ Hallways

Rooms accessible: ____ Bedroom ____ Dining/Kitchen ____ Living/Family ____ Bath Steps/Ramps YES NO

Door widths: Entry ____ Bathroom ____ Kitchen ____ Bedroom ____ Hallways ____

Entrance: ____ Ramps ____ Steps ____ Low Threshold

Outside areas: ____ Paved ____ Gravel ____ Dirt

Equipment:

____ Scooter ____ Power Chair ____ Wheelchair Manufacturer: ____ Merits ____ Pride Color: ____ Red ____ Blue

Comments: _____

Evaluation performed by: _____