FMA FOLLOW-UP FORM

1. VGM Account Number: _____ 2. ATP RESNA Number: _____

3. Completed By: _____

4. Patient Account Number: _____ 16. Date of Initial Evaluation: [Will Auto-Populate]

9. Height: _____(inches) 10. Weight: _____(pounds)

11. Body Mass Index (BMI) [Will Auto-Calculate]

39a. Status of current client?

☐ a. Active ☐ b. Not-Active

39b. If not-active, what is the reason they are no longer being followed?

☐ a. Deceased

☐ b. Change in status (i.e. no longer appropriate for recommended device)

☐ c. Funding issues

☐ d. Unable to contact client (i.e. contact information changed)

☐ e. Environmental/Accessibility Issue

40. Date of Delivery: _____ 41. Date Follow-Up FMA Completed: _____

42. Follow-Up Interval: ☐ a. Time 2 ☐ b. Time 3 ☐ c. Time 4 ☐ d. Time 5 ☐ e. Time 6 ☐ f. Time 7 ☐ g. Time 8 ☐ h. Time 9 ☐ i. Time 10

43. Follow-Up Loaded into Database: _____

21. DOES THE PERSON CURRENTLY HAVE SEATING-RELATED SKIN BREAKDOWN?

☐ a. Yes ☐ b. No ☐ c. Unsure

22. DOES THE PERSON HAVE HEALED SEATING-RELATED SKIN BREAKDOWN?

☐ a. Yes ☐ b. No ☐ c. Unsure

23a. HAS THE PERSON BEEN ADMITTED TO A HEALTHCARE FACILITY SICNE THE LAST FOLLOW-UP? (I.E. IN-PATIENT, NURSING, OR REHABILITATION FACILITY)

☐ a. Yes ☐ b. No ☐ c. Unsure

23b. IF YES, WAS THE ENCOUNTER A RESULT OF A SEATING AND MOBILITY INCIDENT, SUCH AS A FALL OR PRESSURE SORE?

☐ a. Yes ☐ b. No ☐ c. Unsure

24. HOW MANY TIMES HAS THE PERSON ACCIDENTALLY OR UNINTENTIONALLY FALLEN SINCE THE LAST FOLLOW-UP?

☐ a. None ☐ b. 1-2 times ☐ c. 3-4 times ☐ d. 5 or more times ☐ e. Unknown

25. HOW MANY HOURS PER DAY DOES THE PERSON REPORT THEY USE THE DEVICE?

☐ a. 1 or Less ☐ b. 2-4 Hours ☐ c. 5-8 Hours ☐ d. 9-12 Hours ☐ e. 13+ Hours ☐ f. Unknown/No Device

26. HOW MANY TIMES A WEEK DOES THE PERSON REPORT THEY LEAVE THEIR HOME (NOT INCLUDING OUTINGS FOR MEDICAL APPOINTMENTS)?

☐ a. 1 or Less ☐ b. 2-3 Times ☐ c. 4-6 Times ☐ d. 7 or More Times ☐ e. Unknown

27. EMPLOYMENT:

- ☐ a. Employed/Student/Homemaker/Volunteer
- ☐ b. Not Employed/Not a Student
- ☐ c. Retired

28. LIVING SITUATION:

- ☐ a. Community – (i.e. home, apartment, condo)
- ☐ b. Assisted – (i.e. group home, assisted living)
- ☐ c. Skilled – (i.e. hospital, SNF, institution)
- ☐ d. Homeless

29. CURRENT MEANS OF TRANSPORTATION:

- ☐ a. Accessible Vehicle
- ☐ b. Inaccessible Vehicle
- ☐ c. Accessible Public Transportation (i.e. ACCESS, Paratransit)
- ☐ d. Accessible Vehicle for Hire (i.e. taxi, rental, delivery service)
- ☐ e. Ambulance/Medical Transport

31. HAS THE PERSON'S DEVICE REQUIRED REPAIR SERVICE (I.E. IT STOPPED WORKING NEEDING SERVICE FROM THE SUPPLIER) BUT NOT INCLUDING ROUTINE MAINTENANCE (IE: BATTERY, TIRES, ARMPADS) SINCE THE LAST FOLLOW-UP

☐ a. Yes ☐ b. No ☐ c. Unsure

32. HAS THE PERSON'S DEVICE BEEN SERVICED FOR MAINTENANCE SINCE THE LAST FOLLOW-UP (I.E. BATTERY, TIRES, ARMPADS)

☐ a. Yes ☐ b. No ☐ c. Unsure

33. POST DELIVERY DEVICE:

- ☐ a. No Device
- ☐ b. Cane, Crutches, Walker
- ☐ c. Transport Wheelchair (attendant operated)
- ☐ d. K0001/K0002 Standard Manual Wheelchair
- ☐ e. K0003/K0004 Lightweight Manual Wheelchair
- ☐ f. K0005 Ultra Lightweight Manual Wheelchair
- ☐ g. K0006/K0007 Bariatric Wheelchair
- ☐ h. K0009 or Not Coded Manual Wheelchair
- ☐ i. Stroller
- ☐ j. Tilt-in-Space Manual Wheelchair
- ☐ k. POV/Scooter
- ☐ l. Group 1 Power Wheelchair
- ☐ m. Group 2 Power Wheelchair
- ☐ n. Group 3 Power Wheelchair
- ☐ o. Group 4 Power Wheelchair
- ☐ p. Group 5 Power Wheelchair
- ☐ q. Not Applicable/Not Listed

36. CURRENT EQUIPMENT MANUFACTURER:

- ☐ a. Amy Systems
- ☐ b. Colours
- ☐ c. Drive
- ☐ d. Etac/Snug Seat/R82/Convaid
- ☐ e. Freedom Designs
- ☐ f. Golden Technologies
- ☐ g. Hoveround
- ☐ h. Innovation in Motion
- ☐ i. Invacare
- ☐ j. Ki Mobility
- ☐ k. Levo
- ☐ l. Lifestand
- ☐ m. Merits/Avid Rehab
- ☐ n. Motion Composites
- ☐ o. Motion Concepts
- ☐ p. Panthera
- ☐ q. PDG
- ☐ r. Permobil
- ☐ s. Pride/Quantum
- ☐ t. Sunrise
- ☐ u. Ti Lite
- ☐ v. Unknown/Not Applicable/Not Listed

37. CURRENT DEVICE ACCESSORIES: (Check all that apply)

- ☐ a. Seat Elevator
- ☐ b. Tilt-in-Space
- ☐ c. Reclining Backrest
- ☐ d. Elevating Legrests
- ☐ e. Standing
- ☐ f. Anterior Tilt
- ☐ g. Power Assist for Manual Wheelchair
- ☐ h. Dynamic Seating Components
- ☐ i. No Accessory/Not Applicable

37. POST DELIVERY CUSHION:

- ☐ a. Sling/Solid Seat
- ☐ b. Captain Seat
- ☐ c. General Use Cushion
- ☐ d. Skin Protection Cushion
- ☐ e. Positioning Cushion
- ☐ f. Combination – Protection and Positioning
- ☐ g. Custom Fabricated Cushion
- ☐ h. No Cushion//Not Applicable