

# **DELIVERY INFORMATION SUBMISSION FORM**

This information needs to be gathered from the provider for each client before a follow-up can be completed.

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**PROVIDER NAME:** \_\_\_\_\_ **PATIENT ACCOUNT NUMBER:** \_\_\_\_\_

**DATE OF DELIVERY:** \_\_\_\_\_

## **STATUS OF CURRENT CLIENT?**

- a. Active                       b. Not-Active

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

## **POST DELIVERY DEVICE:**

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

**POST DELIVERY EQUIPMENT MANUFACTURER:**

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

**POST DELIVERY ACCESSORIES: (Check all that apply)**

- |  |  |
|--|--|
| <input type="checkbox"/> a. Seat Elevator      | <input type="checkbox"/> e. Standing                           |
| <input type="checkbox"/> b. Tilt-in-Space      | <input type="checkbox"/> f. Anterior Tilt                      |
| <input type="checkbox"/> c. Reclining Backrest | <input type="checkbox"/> g. Power Assist for Manual Wheelchair |
| <input type="checkbox"/> d. Elevating Legrests | <input type="checkbox"/> h. Dynamic Seating Components         |
|  | <input type="checkbox"/> i. No Accessory/Not Applicable        |

**POST DELIVERY CUSHION:**

- |   |  |
|---|--|
| <input type="checkbox"/> a. Sling/Solid Seat        | <input type="checkbox"/> e. Positioning Cushion                      |
| <input type="checkbox"/> b. Captain Seat            | <input type="checkbox"/> f. Combination – Protection and Positioning |
| <input type="checkbox"/> c. General Use Cushion     | <input type="checkbox"/> g. Custom Fabricated Cushion                |
| <input type="checkbox"/> d. Skin Protection Cushion | <input type="checkbox"/> h. No Cushion//Not Applicable               |

**FORM COMPLETED BY:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_