

## Durable medical equipment

### Equipment

- Wheelchair  
 Manual      Date issued: \_\_\_\_\_  
 Date of last evaluation: \_\_\_\_\_  
 Power      Date issued: \_\_\_\_\_  
 Date of last evaluation: \_\_\_\_\_
- Adaptive stroller  
 Type: \_\_\_\_\_ Date issued: \_\_\_\_\_
- Walker/Gait Trainer  
 Type: \_\_\_\_\_ Date issued: \_\_\_\_\_  
 Date of last evaluation: \_\_\_\_\_
- Cane/crutches  
 Type: \_\_\_\_\_ Date issued: \_\_\_\_\_
- Bath/shower chair  
 Type: \_\_\_\_\_ Date issued: \_\_\_\_\_
- Lift/track system  
 Type: \_\_\_\_\_ Date issued: \_\_\_\_\_
- Adaptive hospital bed/crib  
 Type: \_\_\_\_\_ Date issued: \_\_\_\_\_
- Adaptive car seat  
 Type: \_\_\_\_\_ Date issued: \_\_\_\_\_
- Adaptive chair  
 Feeding chair  
 Type: \_\_\_\_\_ Date issued: \_\_\_\_\_  
 Date of last evaluation: \_\_\_\_\_
- Other chair: \_\_\_\_\_  
 Type: \_\_\_\_\_ Date issued: \_\_\_\_\_  
 Date of last evaluation: \_\_\_\_\_
- Stander  
 Type: \_\_\_\_\_ Date issued: \_\_\_\_\_  
 Date of last evaluation: \_\_\_\_\_
- Adaptive bike/trike  
 Type: \_\_\_\_\_ Date issued: \_\_\_\_\_  
 Date of last evaluation: \_\_\_\_\_  
 Prescribing physician: \_\_\_\_\_  
 Primary vendor: \_\_\_\_\_  
 Other vendor: \_\_\_\_\_  
 Evaluations performed  
 at: \_\_\_\_\_

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