

Physician Progress Note

Date:
MRN:
Patient:
Physician:
NPI #



I evaluated (patient name) face to face for durable medical equipment. He/She needs a hemi height wheelchair because of mobility limitations impairing their ability to participate in toileting, feeding, dressing, grooming, bathing (MRADL's) as noted in PT notes on Date and I concur with those PT notes.

Ex: unsteady gate due to weakness or neuropathy

Ex: Likely to fall because of distance to restroom, kitchen, etc

These ADL issues cannot be resolved by a cane or a walker and patient is willing and able to use a wheelchair or has a caregiver to assist . The home is wheelchair accessible and the wheelchair will improve their ability to perform toileting, feeding, dressing, grooming, bathing (MRADL's). Ex: Will be able to ambulate from bedroom to restroom and kitchen. Add other improvements in MRADLs because of the wheelchair specific to this patient.

The seat height needs to be 17" – 18" because of short stature or will propel with their feet.

Signed _____
Physician signature Date

Written by acting as scribe for .
If progress notes is written by an employee of Dr or facility.

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I evaluated (patient name) face to face for durable medical equipment. He/She needs a light weight wheelchair with back and seat cushions because of upper body extremity muscle weakness and cannot propel a standard wheel chair, but can propel a light weight wheelchair. Patient name has mobility limitations impairing their ability to participate in toileting, feeding, dressing, grooming, bathing (MRADL's) as noted in PT notes on Date and I concur with those PT notes.

Ex: unsteady gate due to weakness or neuropathy

Ex: Likely to fall because of distance to restroom, kitchen, etc

These ADL issues cannot be resolved by a cane or a walker and patient is willing and able to use a wheelchair or has a caregiver to assist. The home is wheelchair accessible and the wheelchair will improve their ability to perform toileting, feeding, dressing, grooming, bathing (MRADL's). Name of patient Ex: will be able to ambulate from bedroom to restroom and kitchen. Add other improvements in MRADLs because of the wheelchair specific to this patient.

Signed _____
Physician signature Date

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MRN:
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I evaluated (patient name) face to face for durable medical equipment. He/She needs a standard wheelchair with back and seat cushions because of mobility limitations impairing their ability to participate in toileting, feeding, dressing, grooming, bathing (MRADL's) as noted in PT notes on Date and I concur with those PT notes.

Ex: unsteady gate due to weakness or neuropathy

Ex: Likely to fall because of distance to restroom, kitchen,

These ADL issues cannot be resolved by a cane or a walker and patient is willing and able to use a wheelchair or has a caregiver to assist. The home is wheelchair accessible and the wheelchair will improve their ability to perform toileting, feeding, dressing, grooming, bathing (MRADL's). patient name Ex: will be able to ambulate from bedroom to restroom and kitchen. Add other improvements in MRADLs because of the wheelchair specific to this patient.

Signed _____
Physician signature Date

Written by _____ acting as scribe for _____ .
If progress notes is written by an employee of Dr or facility.