

**Form Instructions:** This is a fillable PDF form and can be filled out electronically utilizing Adobe Reader/Acrobat.

This form must be filled out completely. Incomplete forms may be returned to the Requester. Return this form to [MRETeam@dbhds.virginia.gov](mailto:MRETeam@dbhds.virginia.gov).

Forms will ONLY be accepted by email unless prior arrangements have been made with MRE Management.

## CLIENT INFORMATION

Indicate individual's type of residence:      Family Home     Group Home     ICF     Apartment

Name of Individual:		
Street Address:		Phone:
City/Town:	Zip Code:	Email:

## REQUEST TYPE

**Request Type** (*Please select all that apply*)

PT Consult     OT Consult     Technical Assistance Consult     Wound Care

## MEDICAL HISTORY

Diagnosis:	
Any recent changes in Health Status? (stroke, hospitalizations, surgeries, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No	
If so, what kind?	
Is the individual Ambulatory or Non-Ambulatory? <input type="checkbox"/> Ambulatory <input type="checkbox"/> Non-Ambulatory	
Ambulatory Foot Orthotics? <input type="checkbox"/> Yes <input type="checkbox"/> No	Hand Splints? <input type="checkbox"/> Yes <input type="checkbox"/> No
Wheelchair Type: <input type="checkbox"/> Manual <input type="checkbox"/> Power	Wheelchair Brand:
Does the wheelchair Tilt? <input type="checkbox"/> Yes <input type="checkbox"/> No	Wheelchair Ramp? <input type="checkbox"/> Yes <input type="checkbox"/> No
Stairs? <input type="checkbox"/> Yes <input type="checkbox"/> No	Stair or Chair lift? <input type="checkbox"/> Yes <input type="checkbox"/> No
Patient Lift? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, is the lift <input type="checkbox"/> Electric <input type="checkbox"/> Manual	
Does the individual ride in an Accessible vehicle while seated in a wheelchair? <input type="checkbox"/> Yes <input type="checkbox"/> No	

## SEATING ASSESSMENT

Date of Last Seating Assessment:
Where was this assessment conducted?
What DME Vendor conducted this assessment?
Are there any issues with the wheelchair?