TRIPLE-S ADVANTAGE

Face To Face

Patient Name: _____ Member ID: _____

Address: _____ DOB: _____

_____ Zip Code: _____ Phone:

Start Date: _____ Height: _____ Weight: _____ Sex: M (☐) F (☐)

FACE TO FACE EXAMINATION

1. Which is the patient's limitation and how does it interfere with his/her daily living activities performance?

☐ Severe ☐ Moderate ☐ Mild

2. What are the daily activities that the patient can perform:

☐ Bath ☐ Prepare food ☐ Dress ☐ Grooming ☐ Housecleaning

3. Why a cane or walker does not meet the with the patient's needs to move around the home?

☐ Weakness of upper limbs
☐ Severe weakness of lower limbs
☐ The patient's weakness is such that he cannot stand for a long time.
☐ The patient has strength, resistance, range of motion, or coordination limitations.
☐ Presence of pain.
☐ Deformity or absence of one or both superior limbs aggravating his motor function.

4. A manual wheelchair cannot meet the mobility needs of a patient at home because:

☐ The patient does not have sufficient strength and trunk stability to operate the manual wheel.
☐ There is limited space in the room.
☐ Extreme fatigue when boosting / operating the wheelchair.
☐ Others:_____

5. Will the motorized wheelchair resolve the patient's needs to move around home?

☐ It will not limit his daily living activities.
☐ It will give him access to the different areas of his home and not just to his room.
☐ It will allow activities such as; prepare food, bathe and others.
☐ It will improve the patient's physical and mental ability to operate a wheelchair safely at home.

6. Does the patient have the physical and mental capacities to maneuver a motorized wheelchair safely at home?

☐ Yes ☐ No

7. Has the patient ever used a walker, cane or wheelchair safely at home?

☐ Yes ☐ No

Length of need: _____ (99-lifetime) DX: _____

I certify that I am actively treating this patient and that the information I provided is accurate:

Physician Name: _____

Signature and License Number: _____

NPI #: _____

Address: _____

Phone: _____ Fax: _____

Date: _____