

## DME Instruction Delivery

Name:	Date of Visit
Address:	<input type="checkbox"/> Initial Delivery
Phone:	
Alternate Contact:	Phone:
<b>HOME ENVIRONMENT/SAFETY ASSESSMENT</b>	
<p><b>Discuss all appropriate factors and <math>\sqrt</math> if in order</b></p> <p><input type="checkbox"/> SAFETY</p> <p>Uncluttered pathways</p> <p>Area Rugs</p> <p>Other: _____</p>	<p><b>APPROPRIATE FOR HOME</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Alert &amp; Understands</p> <p><input type="checkbox"/> Return Demonstration by patient</p> <p><input type="checkbox"/> Confused/ caregiver instructed</p> <p>Personal/Physical limit</p> <p>_____</p> <p>_____</p>
<b>EQUIPMENT</b>	
Device/s:	Serial #
Make:                      Manuf:	Model:
$\sqrt$ TYPE OF PRODUCT	
<input type="checkbox"/> Walker _____	
<input type="checkbox"/> Walker with wheels _____	
<input type="checkbox"/> Rollator (walker/seat) _____	
<b>ADDITIONAL INSTRUCTIONS</b>	
<b>ADDITIONAL NOTES</b>	
<b>FOLLOW UP/DISCHARGE</b>	
<p><b>I have read, received and/or been instructed in detail on the items checked above.</b></p> <p style="text-align: right;"><i>(If Patient unable to sign; authorized person complete)</i></p>	
<b>PATIENT SIGNATURE:</b>	Print name/relationship:
<b>REP'S SIGNATURE:</b>	Signature: