

**Level of Need (LON)  
Assessment Form-  
Senior Care Options**



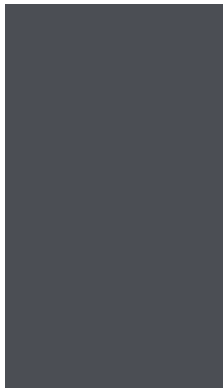
This form should be completed by the attending Physician or other medical staff, at the direction of the Physician, to determine the level of equipment necessary for patient transportation to doctor's appointments.

<b>Patient Info</b>	First name	Last name		Middle initial
	Medicaid ID	Date of birth	Phone	Trip # (if applicable)
	Street address	City	State	Zip
<b>Medical Necessity</b>	<input type="checkbox"/> Wheelchair Transportation Wheelchair Type: <input type="checkbox"/> Manual <input type="checkbox"/> Electric Height _____   Weight _____ Patient Self Propels <input type="checkbox"/> YES <input type="checkbox"/> NO Patient Self Transfers <input type="checkbox"/> YES <input type="checkbox"/> NO Patient Travels w/Oxygen <input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> Stretcher Transportation Check all that apply to the Patient: <input type="checkbox"/> Bed confined <input type="checkbox"/> Unable to sit in a chair or wheelchair <input type="checkbox"/> Unable to ambulate <input type="checkbox"/> Unable to get up from bed without assistance	
	<input type="checkbox"/> Cane <input type="checkbox"/> Crutches <input type="checkbox"/> Walker <input type="checkbox"/> Compact Portable Oxygen Tank (self-administered) <input type="checkbox"/> Service Animal <input type="checkbox"/> Attendant / Escort Note any additional medical conditions and monitoring or support requirement(s) needed to ensure safe transport: _____ _____ _____			
<b>Special Needs</b>	Duration of Level of Need: <input type="checkbox"/> 30 Days <input type="checkbox"/> 60 Days <input type="checkbox"/> 90 Days <input type="checkbox"/> Permanent			
<b>Medical Professional Info</b>	I certify that to the best of my knowledge, the above information is true, accurate and complete and the level of service required for the Patient's transport is medically necessary for the Patient's health.			

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	Printed Name	NPI #
	Signature	Phone #
	Title	Date

**This form must be received no less than 48 hours prior to the appointment time or transportation cannot be arranged.**