Equipment Check-Out Evaluation:
Guidelines for the usage of this evaluation form are as follows:

1. Basic information is entered as indicated on the form including patient’s name, MPI#, division and unit.

2. Treatment Diagnosis: indicate the reason for referral.

3. Major Limitation: indicate the reason equipment is needed.

4. Equipment: note type of equipment ordered/needed. Note also type of walker, cane, etc. and any other pertinent information such as times equipment is to be used.

5. Indicate if:
   A. Patient is instructed on how to use equipment.
   B. Equipment was fitted to individual patient usage.
   C. Patient and/or staff voices/demonstrates understanding on how to use equipment.
   D. Patient may take equipment to discharge location upon discharge.

6. The evaluating therapist must sign, print their name and title and date the evaluation.