



**Customized Durable Medical Equipment (DME) Evaluation Form and  
Clinical Questionnaire**  
**Fax information to CalOptima Health at 714-481-6516**

**ATTENTION: This form is for custom DME only.** Standard DME may be requested via the CalOptima Health Provider Portal at [www.caloptima.org/en/ForProviders/ProviderPortal](http://www.caloptima.org/en/ForProviders/ProviderPortal) or via fax using the Authorization Request Form (ARF). Standard DME examples: Basic manual wheelchair, scooter, basic shower equipment, hospital bed, ramp, etc.

**REQUEST TYPE [Customized specialty DME request only]:**

- Customized Manual Wheelchair    Power Wheelchair    Custom Molded Seat System  
 Customized Toileting Equipment    Customized Bath Equipment    Gait Trainer    Standing Frame  
 Other (Specialty/Customized Equipment): \_\_\_\_\_

**MEMBER INFORMATION:**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender:  F  M  Other \_\_\_\_\_  
(First) (Middle) (Last)

Member Number (CIN): \_\_\_\_\_ Patient Phone: \_\_\_\_\_

Preferred Language:  English  Spanish  Vietnamese  Korean  Farsi  Chinese  Arabic  Other \_\_\_\_\_

Caregiver Name: \_\_\_\_\_ Caregiver Cell: \_\_\_\_\_

Facility Name: \_\_\_\_\_ Facility Phone Number: \_\_\_\_\_

Current Equipment Age: \_\_\_\_\_ Serial Number: \_\_\_\_\_ Make and Model: \_\_\_\_\_

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**PRESCRIPTION:**

Specify here if patient has preferred vendor (CalOptima Health will assign vendor if none specified):

Primary Dx: \_\_\_\_\_ ICD-10: \_\_\_\_\_

Prescribing Practitioner Name: \_\_\_\_\_ Medi-Cal Provider ID: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Provider Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**Practitioner's Signature and Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Clinical Questionnaire (Mandatory):

1. Equipment needed for (check primary reason):  
 Neurologic condition (e.g. SCI, CP, MS, SB, SMA, MD, ALS, etc.)  Cardiopulmonary deficits  
 ESRD  Obesity  Polyneuropathy  Arthritis  Amputation of limb(s)  
 Poor balance/fall risk  Chronic pain  Fracture  Other\_\_\_\_\_
2. DME currently used (check all that apply):  Cane  FWW  Standard manual W/C  
 Custom manual W/C  Power W/C  Scooter  Shower chair/bench  Commode
3. Weight: \_\_\_\_\_ Height: \_\_\_\_\_
4. Functional mobility prognosis:  Improvement NOT expected  Improvement likely
5. Equipment needed for:  More than 12 months  Less than 12 months
6. Used this type of equipment before:  Yes  No
7. Request is to replace old equipment:  Yes  No
8. Falls in past 12 months:  Yes  No
9. Serious injuries from fall(s):  Yes  No
10. Decubitus ulcer less than one year ago:  Yes  No
11. Current decubitus ulcer(s):  NO current skin breakdown  Sacrococcygeal  Buttock (R)  Buttock (L)  
 Heel (R)  Heel (L)  Other\_\_\_\_\_
12. Current decubitus ulcer stage:  1  2  3  4  Unstageable
13. Expected to be institutionalized within next 12 months:  Yes  No
14. Living environment:  House/condo  Apt  SNF  ICFDD  B&C
15. Living environment has:  Stairs  Elevator  Ramp
16. Current functional status:  Independent  Assist  Dependent
17. Transfers:  Independent  Assist  Dependent
18. Mobility:  Ambulatory  Wheelchair dependent  Completely bed bound
19. Ambulation:  Functional (able to use crosswalk before light changes)  
 Non-functional (limited/unable)
20. Pain:  No pain reported  Neck  Low back  Upper limb(s)  Lower limb(s)
21. Cognition:  Not alert  Alert
22. Oriented to:  Self  Place  Time
23. Is a possible danger to his/herself  Yes  No
24. Is a possible danger to others  Yes  No
25. Vision:  Normal  Nearsighted  Farsighted  Wears glasses

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**DME Authorization Request MUST include all of the following, completed and signed:**

- Customized DME Evaluation Form and Clinical Questionnaire
- Provider's signature (Quote, detailed product description or detailed signed written order [DSWO])
- Medical notes (dated <six months) from at least one of these providers: Neurology/orthopedic/primary care

CalOptima Health forms are located at [www.caloptima.org/en/ForProviders/Resources/CommonForms](http://www.caloptima.org/en/ForProviders/Resources/CommonForms)