Mass General Brigham
Spaulding Rehabilitation

Equipment Clinic Intake

Patient Information			
Name *(Last, First, M.I.):*			Legal Sex:
Date of Birth:	Age:	Preferred Pronouns:	
Referring doctor:		Height:	Weight:
Diagnosis:			

Equipment		
Requesting trial of: Due to concerns of:		
Currently Own	Vendor	Date Received

Social/Architecture	
Lives with:	
Type of home/apt:	Type of car:
Stairs (inside/outside):	Ramp:

School	
IEP services:	Type of transportation:

Limitations
Hearing:
Vision:
Strength deficits:
Tone:
Limited Range of motion:
Scoliosis:
Leg Length discrepancy:
Skin integrity:
Endurance:
Ability to follow directions:
Communication style:
Safety Concerns: