

ICF-Evaluation Form & Custom-Made Device Report

ROLLATORS AND WALKING FRAMES

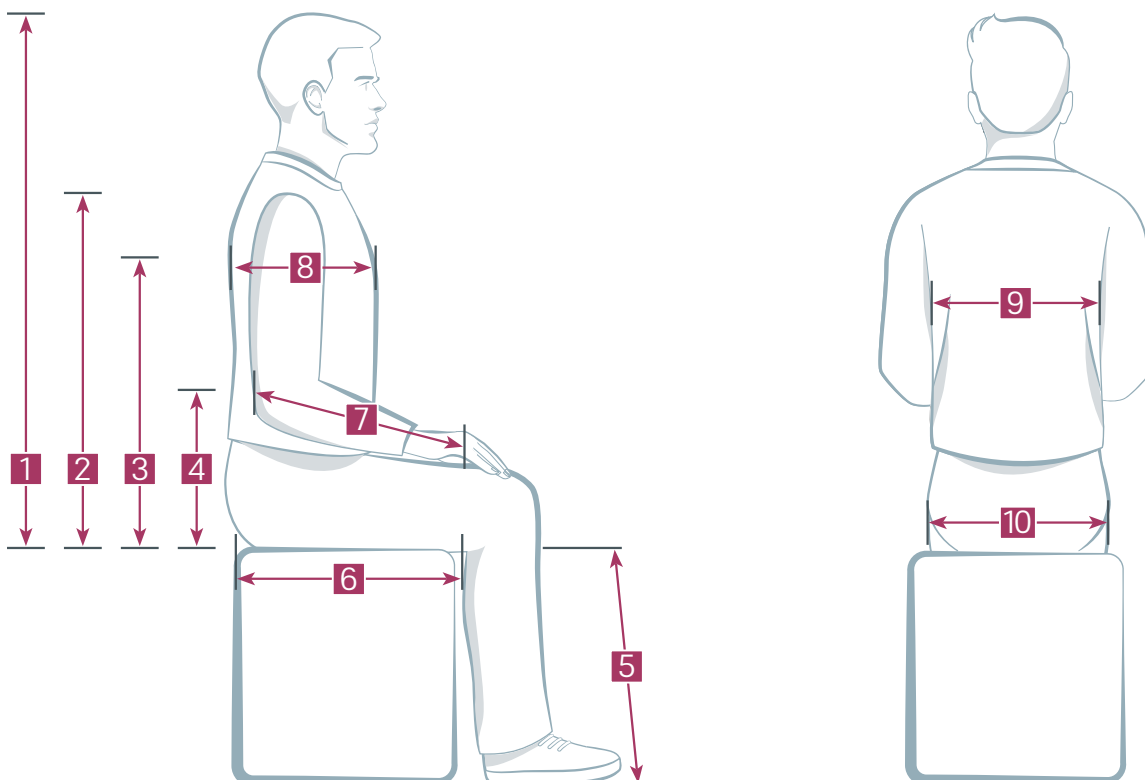


Retailers

company	DIETZ specialist
address	contact person
phone	e-mail

Patient Data

commission	BMI	female	male
health insurance	size (m)	weight (kg)	
1 crown height	6 thigh length		
2 shoulder height	7 forearm length to middle of hand		
3 armpit height	8 torso depth		
4 armrest height	9 torso width		
5 lower leg length	10 hip width		



SITUATION ANALYSIS

Status of Care and Current Provision of Aids

primary care	follow-up care	resupply

Places of Use of the Aid

home	nursing home / care facility	inside	outside	

Purpose of the Aid

walking / standing aid	seat aid	shopping aid	transport/ accessories	transfer

Environment Analysis (Specification in cm)

door width (smallest)	door threshold height
gradient (degree/length)	max. own weight
narrowest point (smallest)	max. additional load
foldability necessary	weight increase necessary

SITUATION ANALYSIS

Diagnosis with Indication of ICD (if Available)

disease patterns (static)	disease patterns (dynamic)
hemiplegia	obesity
paraplegia	amyotrophic lateral sclerosis (ALS)
scoliosis	multiple sclerosis (MS)
quadriplegia	muscular dystrophy
tetraspasticity	parkinson's disease
	spinal muscular atrophy

Description of Damaged Body Functions and Structures

	right	left		right	left
arms/hands	yes	yes	legs	yes	yes
	no	no		no	no
no or insufficient trunk stability		no or insufficient head control		no or insufficient walking ability	

Please describe the characteristics of the diagnosis here:
Which bodily functions and structures are damaged and how?

SUPPLY PROPOSAL

The ICF questionnaire is used to systematically record patient data in order to provide a well-founded justification for the assumption of costs by the cost bearer. The ICF (International Classification of Functioning, Disability and Health) survey provides a detailed analysis of the patient's individual needs and limitations and is structured as follows:

Diagnosis and main characteristics: The diagnosis is first determined and the main symptoms and characteristics associated with it. This provides a basis to justify the specific need for support and assistive devices.

Body functions and structures: The affected body functions (e.g. walking function, gripping function, cognitive abilities) and the damaged body structures (e.g. nerves, bones, muscles, tissue) are described in detail here. This information clarifies the physical limitations and how they affect the user's daily activities.

Influence on activities of daily living: It is explained how the physical limitations affect the user's independence and mobility in everyday life. This includes, for example, difficulties with moving around the home, eating, dressing or social activities.

Contextual factors: These factors include the living environment (e.g. accessibility, supportive facilities, possible barriers) and the current provision of assistive devices. If existing aids are no longer sufficient, it is explained why they do not meet current requirements.

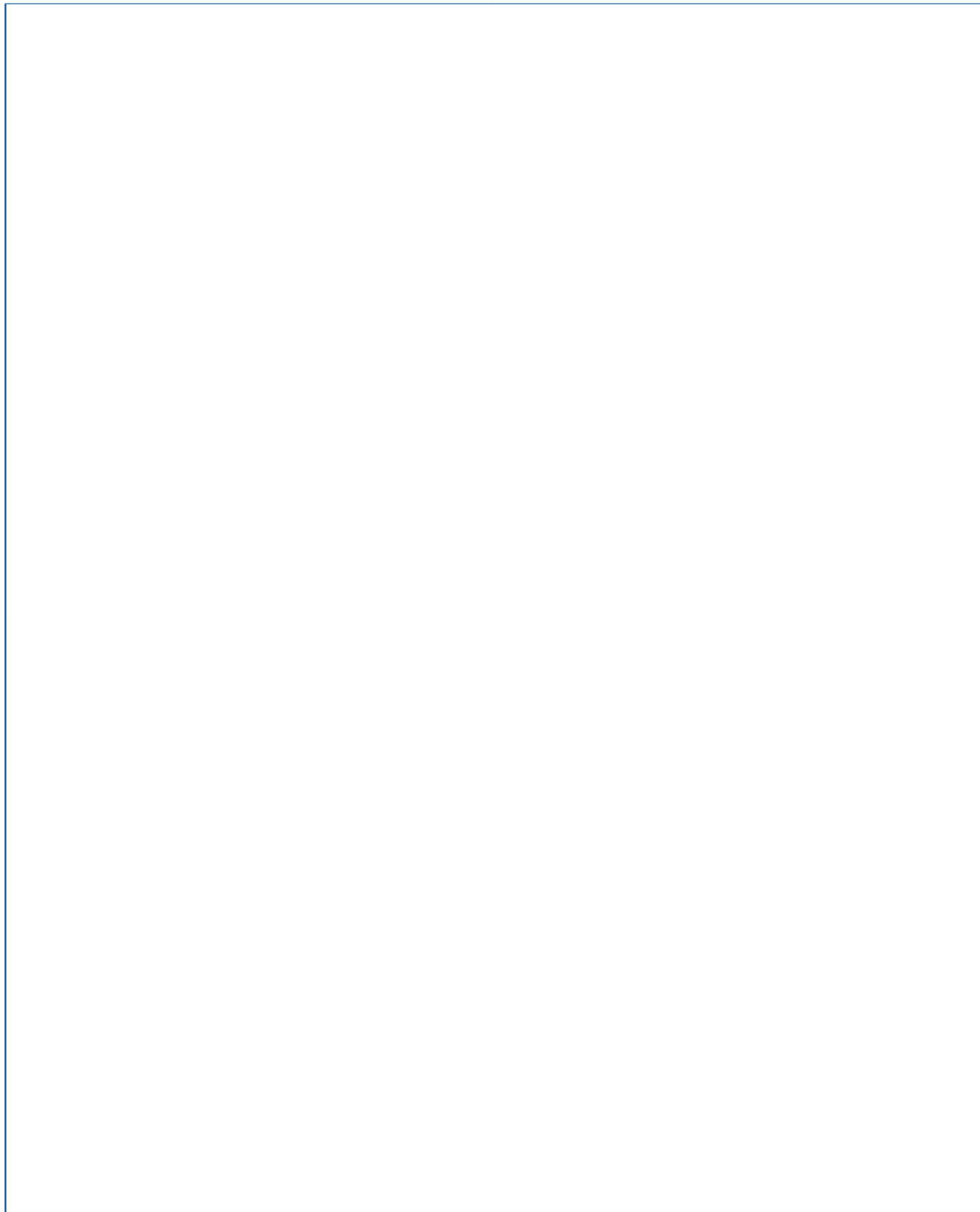
Long-term view: A forward-looking view describes potential long-term effects on health, such as the risk of contractures, spasticity, scoliosis, hyperkyphosis and the strain on vital functions (e.g. cardiovascular, respiratory). The condition of the skin is also assessed, particularly at pressure points, to minimise the risk of pressure sores.

Care Goals According to ICF incl. Indication of Context Factors

Please describe your desired customised product in detail and explain why it is necessary.

SUPPLY PROPOSAL

Picture Documentation



SUPPLY PROPOSAL

Picture Documentation

the challenge

TEST PROTOCOL

test drive carried out on	test drive carried out with
model test drive	test drive duration

The designated insured person is mentally and physically capable of operating and using the tested aid appropriately.	yes	no
I have taken note of the data collected during the trial on pages 1-11.	yes	no

DECLARATION OF CONSENT TO THE USE OF DATA BY THE INSURED PERSON

With this declaration of consent to the use of data, I agree that my data - including medical data – may be collected and evaluated in this report for the purpose of optimizing the provision of aids.

I have been informed that answering the questions is voluntary and that I will not suffer any disadvantages if I do not answer them. Under certain circumstances, however, there may be a delay in approval by the relevant funding body.

The data will be deleted or the report destroyed when your data is no longer required or the provision of aids has been completed and there are no other statutory retention obligations or legal justifications for storage.

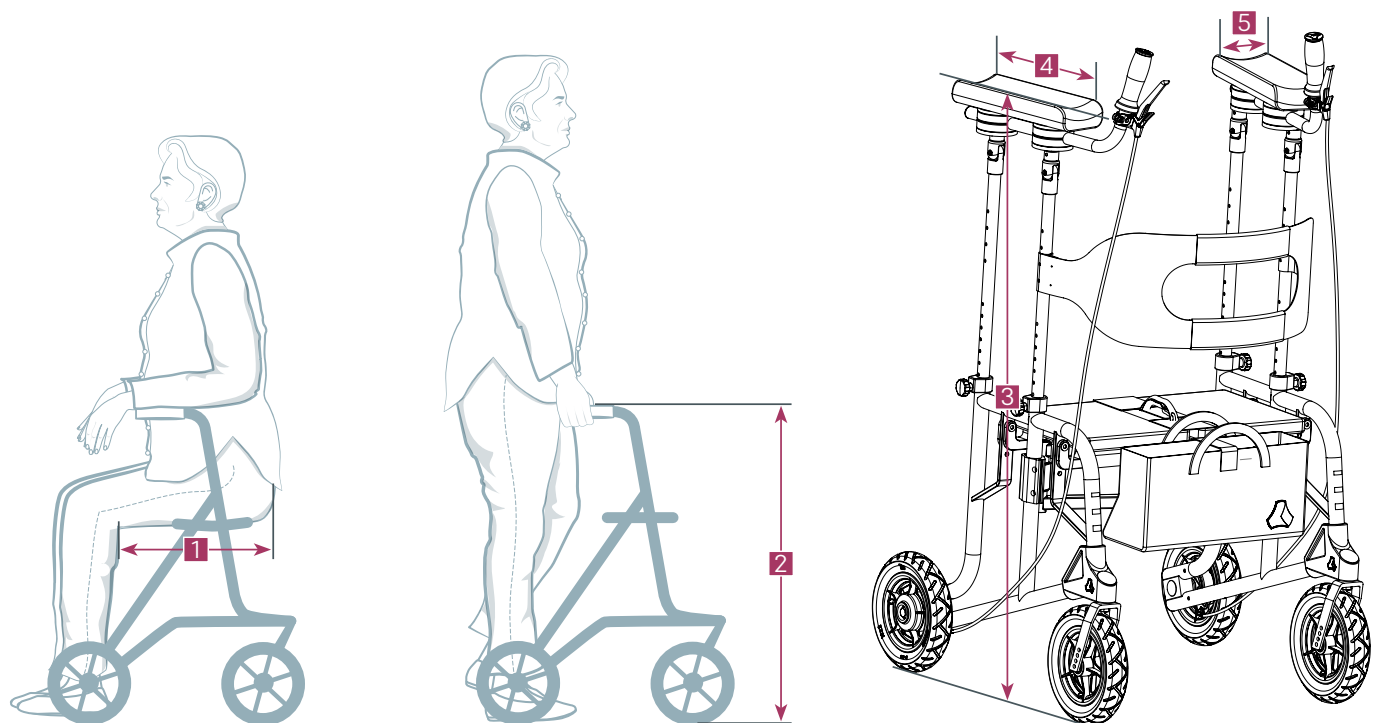
We assure you that the provisions of the EU’s General Data Protection Regulation (GDPR) will be complied with.

date
signature of patient / relative
signature of specialist dealer
signature manufacturer

SPECIAL CONSTRUCTION REPORT

ONLY TO BE FILLED IN IF STANDARD DIMENSIONS DEVIATE

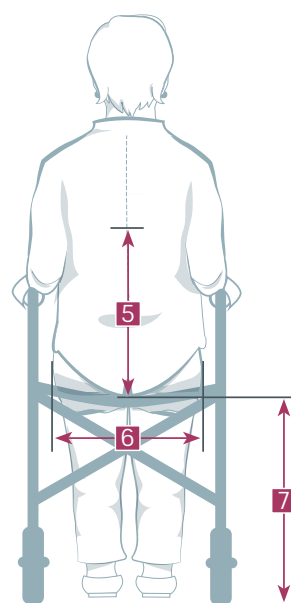
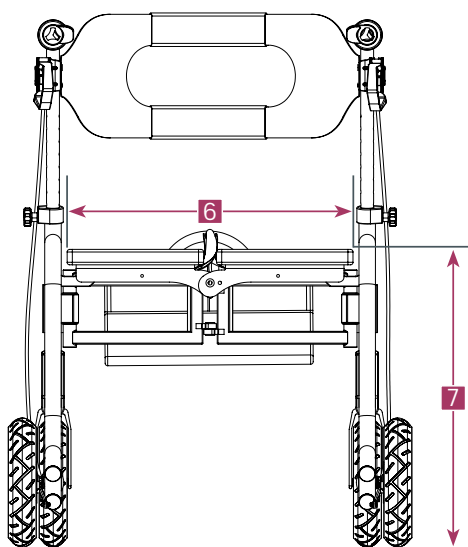
Special Dimension	Values (cm)	Remarks
1 seat depth thigh length, minus two fingers wide		
2 push handle height centre top of push handle		
3 Height of forearm supports (rfa) centre of the forearm support		
4 length of forearm support (rfa)		
5 wide forearm support (rfa)		



SPECIAL CONSTRUCTION REPORT

ONLY TO BE FILLED IN IF STANDARD DIMENSIONS DEVIATE

Special Dimension	Values (cm)	Remarks
5 back bar height Seat surface up to under the shoulder blades		
6 seat width		
7 seat height		



Further Special Construction Options

back strap/ bracket	basket/bag	push handles	fixed	adjustable	