

Wheelchairs Plus

7719 Wurzbach Road
San Antonio, Texas 78229

Phone (210) 949-1660
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Documentation for Bath Chair

Date: _____

Client Name: _____ Height: _____ Weight: _____

Client Medicaid Number: _____ D.O.B. _____

1) Client's medical condition.

A. Diagnosis: _____

B. Function level: _____

C. Head control: _____

2) Length of time bath bench/bath chair will be needed: _____

3) Documentation of why bath bench/chair is needed: _____

4) Manufacturer's name and model of bath chair/bench requested: _____

X _____