



8100 Penn Avenue South, Suite 137
 Bloomington, MN 55431

Office: 952-921-8334
 Mobile: 612-968-0832
 sue@lifelithersolutions.com

www.TechnologyforHome.org

Office Use Only	Received <input type="text"/>
<input type="radio"/> SR <input type="radio"/> JL <input type="radio"/> JH <input type="radio"/> KR	

Person ID Number:	<input type="text"/>	Referral Date:	<input type="text"/>	Visit Date	<input type="text"/>
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Person Contact Information	DOB: <input type="text"/>
Name: <input type="text"/>	
Address: <input type="text"/>	
City: <input type="text"/>	Zip: <input type="text"/>
Phone: <input type="text"/>	
Email: <input type="text"/>	
County/Tribe: <input type="text"/>	

Guardian Contact Information	(Address Same As Above) <input type="checkbox"/>
Guardian Name: <input type="text"/>	
Address: <input type="text"/>	
City: <input type="text"/>	Zip: <input type="text"/>
Guardian Phone: <input type="text"/>	
Guardian Email: <input type="text"/>	

County/Tribe Contact ID Number:	<input type="text"/>
Contact Name: <input type="text"/>	
Contact Title: <input type="text"/>	
Phone: <input type="text"/>	
Email: <input type="text"/>	
Fax: <input type="text"/>	

Visit #	<input type="text"/>
Visit Time	<input type="text"/>

Consultant:
<input type="text"/>
<input type="text"/>

AT Activity:
<input type="text"/>

AT Goal:	<input type="text"/>
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Predominant Diagnosis:	ICD-10 code:
<input type="text"/>	<input type="text"/>

Currently In Home Goal to be in own Home

Interpreter Needed:	<input type="text"/>
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Home Care Service	<input type="checkbox"/> Home health aide
<input type="checkbox"/> PDN	<input type="checkbox"/> SN
<input type="checkbox"/> PCA	<input type="checkbox"/> OT, PT, RT, or ST

Waiver Service <input type="checkbox"/>	<input type="checkbox"/> CAC
<input type="checkbox"/> Brain Injury	<input type="checkbox"/> CADI
<input type="checkbox"/> DD	<input type="checkbox"/> Elderly Waiver

Mental Health Service	<input type="checkbox"/> ARMHS
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Other:	<input type="text"/>
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Person Disabilities / Goals and Special Instruction / Equipment Needed:

The findings above should be reviewed with any other professionals involved in your care, including your physician, occupational or physical therapist or speech pathologist. While there are many stores which may sell similar products, we recommend that you acquire your equipment from a dealer specializing in assistive technology. We have found that dealers who specialize in assistive technology are able to provide better selection and support than other retailers.



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Location of Consultation:		
<input type="checkbox"/> Home	<input type="checkbox"/> Work Place	<input type="checkbox"/> Cnty/Tribal Office
<input type="checkbox"/> E-mail	<input type="checkbox"/> Video Conf	<input type="checkbox"/> Phone
Other: <input type="text"/>		

Others in attendance at AT session (number):	
<input type="checkbox"/> Family / Guardian:	<input type="checkbox"/> Home Care / Therapies:
<input type="checkbox"/> County / Tribal / State:	<input type="checkbox"/> Others:

Technology For Home Follow-up:		
Immediate Activities: <input type="checkbox"/> Send report to Person via secure email <input type="checkbox"/> Consultant to write letter of Medical Necessity <input type="checkbox"/> Consultant to call County/Tribe <input type="checkbox"/> Consultant to call AT vendor(s) <input type="checkbox"/> Office to call County/Tribe <input type="checkbox"/> Office to call AT vendor(s) <input type="checkbox"/> Schedule visit after equipment arrives <input type="checkbox"/> Home Mod (2 bids) needed, office to schedule <input type="checkbox"/> Home Mod (2 bids) needed, consultant to schedule	Follow-up Visit Needed: <input type="radio"/> Yes <input type="radio"/> No Approx Date Required: <input type="text"/> Describe Purpose of Visit: <hr style="border-top: 1px dashed black;"/> <input type="text"/>	Specialty: <input type="checkbox"/> Speech <input type="checkbox"/> OT <input type="checkbox"/> PT <input type="checkbox"/> Nurse <input type="checkbox"/> Other
	Contact: <input type="checkbox"/> Guardian <input type="checkbox"/> Person <input type="checkbox"/> County/Tribe <input type="checkbox"/> Family <input type="checkbox"/> Other	
	Equipment Needed for Follow-up Visit: <input type="text"/>	

Strategies and Assistive Technology Recommendations:
<input type="text"/>

Attachments:	<input type="checkbox"/> Strategies Attachment 1	<input type="checkbox"/> Strategies Attachment 2	<input type="checkbox"/> Photo Page 1	<input type="checkbox"/> Photo Page 2
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Consultant Signature:	Date Signed: <input type="text"/>	Time Spent: <input type="text"/>	Rev <input type="text"/>
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Attachment: Additional Strategies and Recommendations 1

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Attachment: Additional Strategies and Recommendations 2

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Attachment: Photo Page 1

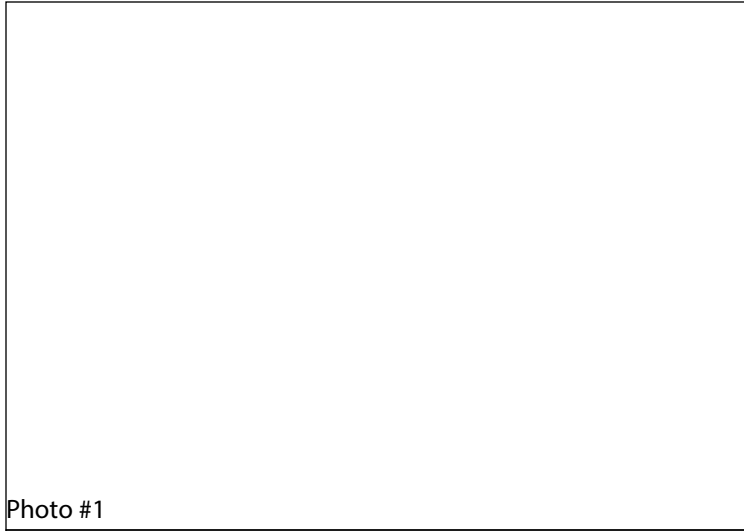


Photo #1

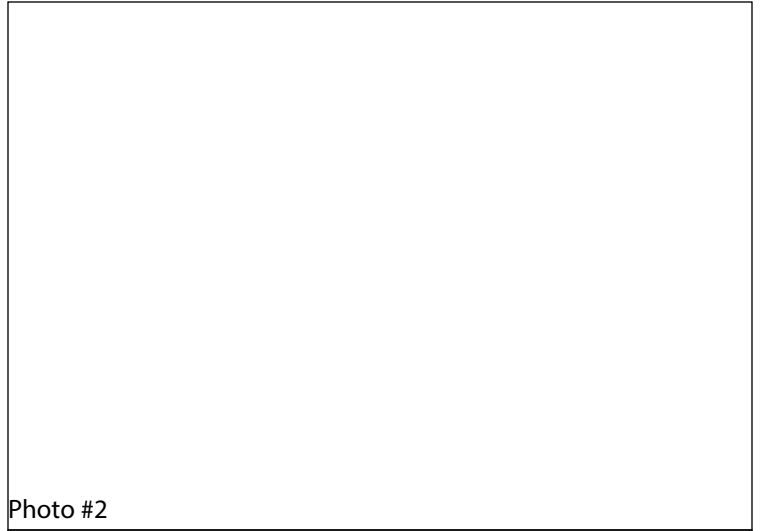


Photo #2

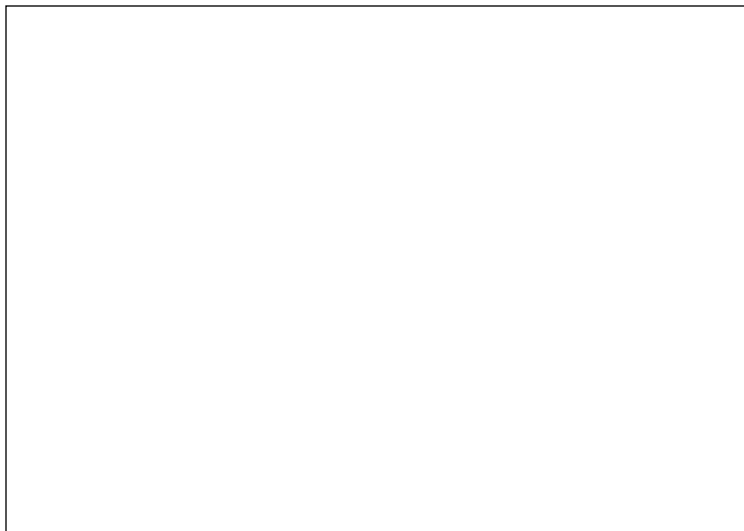


Photo #3

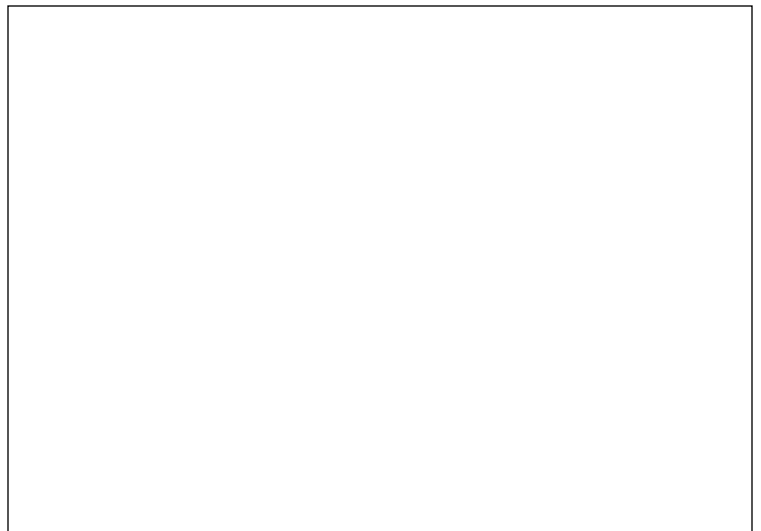


Photo #4

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Attachment: Photo Page 2

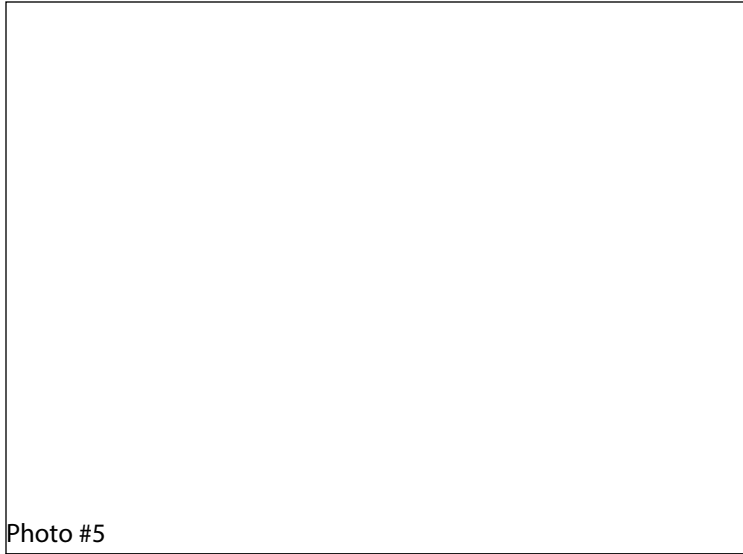


Photo #5

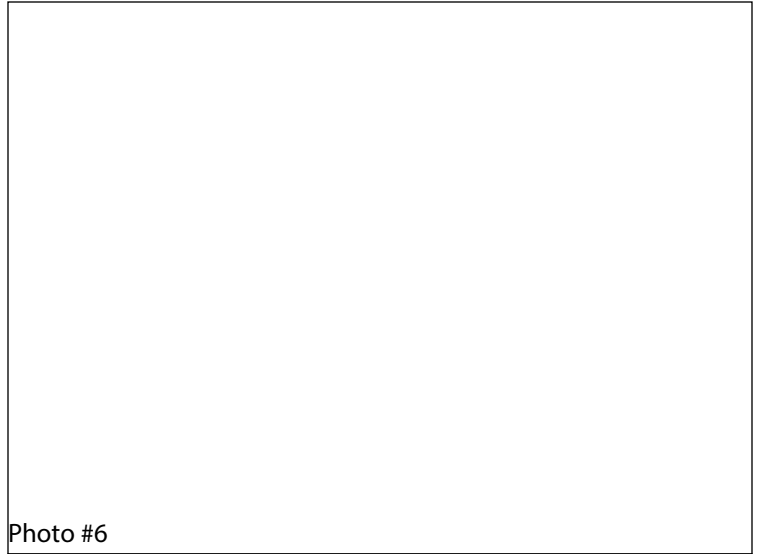


Photo #6



Photo #7



Photo #8

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