



Diagnosis Information & Request for Prescription Form

The individual named below is requesting Independent Living Services from LIFE Inc. that will enable him/her to function more independently in the home, family and community. Under this program, we can provide a comprehensive array of services such as, but not limited to, durable medical equipment, hearing aids, home modifications, etc. To determine the individual's eligibility for services, we would appreciate your assistance in completing this form or providing us with a copy of an existing document containing the information below.

<u>Consumer Requesting Services:</u>			
Consumer:		Date of Birth:	
Address:		Phone:	
Prescription(s) Requested for Independent Living Goods/Services:	1. 2. 3. 4. 5.		
<u>Diagnosis:</u> Please indicate if the diagnosis is permanent and if temporary, the estimated duration.			
1. Dx:	Temporary <input type="checkbox"/>	Permanent <input type="checkbox"/>	Duration
2. Dx:	Temporary <input type="checkbox"/>	Permanent <input type="checkbox"/>	Duration
3. Dx:	Temporary <input type="checkbox"/>	Permanent <input type="checkbox"/>	Duration
4. Dx:	Temporary <input type="checkbox"/>	Permanent <input type="checkbox"/>	Duration
5. Dx:	Temporary <input type="checkbox"/>	Permanent <input type="checkbox"/>	Duration
6. Dx:	Temporary <input type="checkbox"/>	Permanent <input type="checkbox"/>	Duration
7. Dx:	Temporary <input type="checkbox"/>	Permanent <input type="checkbox"/>	Duration
8. Dx:	Temporary <input type="checkbox"/>	Permanent <input type="checkbox"/>	Duration
9. Dx:	Temporary <input type="checkbox"/>	Permanent <input type="checkbox"/>	Duration
10. Dx:	Temporary <input type="checkbox"/>	Permanent <input type="checkbox"/>	Duration
Licensed Professional's Name & Title (Print):			
Licensed Professional's Signature:			Date: