



Medical Rehabilitation Center

BIONESS SCREEN FORM

NAME: _____ INTERESTED IN: H200(ARM) L300(LEG) BOTH

	yes	no	comments
Do you have a pacemaker?			
Do you have a malignant tumor or lesions on your arm or leg?			
Have you had a recent fracture or dislocation on your arm or leg?			
Are you currently using any high frequency surgical equipment?			
Are you pregnant?			
Do you have an active rash or skin condition affecting your arm or leg? (includes varicose veins, phlebitis)			
Do you have an implantable cardiac defibrillator (ICD)?			
Do you have epilepsy? (caution should be used if yes)			
***IF ALL OF THE PRECEDING QUESTIONS WERE ANSWERED "NO", PROCEED TO NEXT SECTION WITH OUR CERTIFIED THERAPIST			
Would benefit from Bioness H200 or Bioness L300 evaluation?			
Purpose: Reduce spasticity/tightness in hand or leg			
Improve hand/leg function			
Improve sensation/awareness of the hand or leg			
Improve walking			

What side of the body is the device needed for? Right Left

Estimated size Small Medium Large