

**POWELL MEDICAL EQUIPMENT  
SERVICE CALL QUESTIONNAIRE**

Date: \_\_\_\_\_ Client Name: \_\_\_\_\_

Caller: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_

Caller's Relationship to Client: \_\_\_\_\_

1) Where is the broken item located? \_\_\_\_\_

2) What is the Serial # \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

3) What are the symptoms of the problem?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4) Does the client have a back up chair? \_\_\_\_\_

5) Is this an emergency? \_\_\_\_\_

6) What time will all parties involved be available for the initial visit?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7) Does the Therapist want to be present during the visit? \_\_\_\_\_

8) Directions to meeting location-  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9) Encounters related to the Service Call-  
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\_\_\_\_\_  
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