

Sent/Initials.....

QEF Mobility Services
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www.qef.org.uk



**Mobility
Services**

Please fill in all boxes on the application form.

We need this information to provide you with our services, and although data may be shared for healthcare purposes, vital interests, legal reasons or public interest, it will not be shared for marketing purposes without your explicit consent. For more detailed information on how we process your data and keep it secure, you can visit our website at <https://www.qef.org.uk/privacy/> or contact the office by email or phone.

DRIVING ASSESSMENT APPLICATION FORM

USING CAPITAL LETTERS, PLEASE RETURN THIS COMPLETED FORM AS SOON AS POSSIBLE AS WE ARE UNABLE TO BOOK APPOINTMENTS WITHOUT IT

Please tick one of the boxes below

Self referral

DVLA referral

Motability referral

QEF referral

For office use only:

PERSONAL INFORMATION

TITLE:	SURNAME:	FORENAME:
DATE OF BIRTH:	/ /	EMAIL:
ADDRESS:	Contact Tel (1):	
POSTCODE:	Contact Tel (2):	

If we have to call you and you are not available may we leave a message? YES/NO

Please give brief details of your disability/medical condition (if necessary, please continue on a separate sheet):

OFFICE USE ONLY: Notifiable: YES/NO

Date of onset: Do you experience any pain? **YES/NO**

Have you informed the DVLA of your disability/medical condition? **YES/NO**

Have you been assessed by this Mobility Centre before? If **YES**, what year?

Please give details:

How did you hear about us:

DRIVING EXPERIENCE AND LICENCE DETAILS (please tick as appropriate)

Is this assessment for: a car lorry
taxi bus/coach
motorbike Other (please specify)

IMPORTANT: in order to carry out the in-car drive on public roads you will need to have one of the following: (please indicate the one that applies to you)

a) Full driving licence	b) Provisional driving licence	c) Provisional Disability Assessment Licence
d) Section 88	e) I do not have any of the above	

Licence number (if known): _____ Expiry date: _____

If you do not have a licence or it is about to expire, have you applied or re-applied to the DVLA for a licence?
YES/NO
Please give details:

You will need to bring a paper copy of your driving record on the day of your appointment (<https://www.gov.uk/view-driving-licence>). If you need assistance with this, please talk to us at the time of booking and have your National Insurance number to hand.

If this assessment is part of an application for a licence, you may need more than one appointment, for which there will be an additional charge.

INFORMATION ABOUT YOUR CURRENT DRIVING ACTIVITIES (* please delete as appropriate)

Are you driving at the moment? YES/NO (*) If YES , approximately how many miles a week?	What is the make and model of your car? Automatic/manual? (*)
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If **NO**, when did you last drive?

If **NO**, why have you not driven for this time?

Does it have any adaptations? **YES/NO (*)** If **YES**, please specify:

Are there any specific adaptations you would like to view/try? Please give details below.

INFORMATION ABOUT YOUR CURRENT DRIVING ACTIVITIES continued		
Can you independently transfer into and out of a car?		YES/NO
Do you need equipment/assistance to transfer? If YES, please give details.		YES/NO
Are you a wheelchair or electric scooter user?	YES/NO (*)	MANUAL/ELECTRIC (*)
Name/type of wheelchair/scooter: Width of your wheelchair measured from the outside of one wheel to the outside of the other wheel. Please state whether measurement is in inches or centimetres.		
Can you independently load/unload your wheelchair/scooter into a vehicle?		YES/NO
MEDICAL INFORMATION (* please delete as appropriate)		
1	Have you ever had a head injury/period of unconsciousness/brain surgery?	YES/ NO
	If YES, please give date and details:	
2	Have you ever had fits/seizures?	YES/ NO
	If YES, when was the date of your last episode? *We may need to contact you for further information*	
3	Do you have episodes of fainting? (Other than associated with the sight of blood or disturbing news)	YES/ NO
	If YES, when was the date of your last episode?	
4	Do you have dizziness, balance issues or vertigo? (Exceptions as above)	YES/ NO
	If YES, when was the date of your last episode?	
5	Do you have diabetes?	YES/ NO
	If YES, a) is it controlled by insulin?	YES/ NO
	b) is it controlled by tablets?	YES/ NO
	c) have you ever had a hypoglycaemic episode?	YES/ NO
	If YES, when was the date of your last attack?	
6	SIGHT: Do you have any defect of vision? E.g. double vision or other visual field issues (Other than requiring correction by spectacles)	YES/ NO
	If Yes, please give details	
7	HEARING: Do you have any difficulty with your hearing?	YES/ NO
	If Yes, please give details	

GENERAL PRACTITIONER (GP)/CONSULTANT INFORMATION

General practitioner/Consultant:

Address:

Telephone:

Postcode:

LIFESTYLE INFORMATION (*please delete as appropriate)

Do you require assistance for: (please give details in the space provided)

Personal care?

YES/NO

Domestic tasks?

YES/NO

Outdoor mobility?

YES/NO

How has your condition caused you to alter your lifestyle, employment situation or leisure activities?

If there is a Power of Attorney in place or a court appointed deputy, please attach a copy of the document.

DECLARATIONS

I understand that the assessment may involve some manual handling application to enable me to access any relevant equipment, such as the static rig unit or into a car. **YES/NO**

I understand I have the right to withdraw from the assessment at any time. **YES/NO**

I understand that there will be a 25% administration charge for all cancellations if another appointment is not required. **YES/NO**

I understand that if I fail to attend my appointment, or do not complete the assessment or if I do not give at least 7 days cancellation notice, the fee will not be refunded. **YES/NO**

I understand that staff may record images during assessments to provide additional content to the written report. **YES/NO**

I give consent for this assessment to be carried out. **YES/NO**

I give consent for QEF Mobility Services to contact my Doctor, if considered necessary, for any further medical information relevant to this assessment, which will be treated in strict confidence. **YES/NO**

I give consent for a copy of the report to be sent to my Doctor by QEF Mobility Services. **YES/NO**

Signed Name Date

OFFICE USE ONLY

Amount paid: £.....

REF:.....

CLIENT NAME: **Date of birth** / /

A member of our bookings team will contact you to book your appointment and to take payment.

SELF REFERRAL FEE STRUCTURE (i.e. not DVLA or Motability referrals)

Full Cost of an assessment for a CAR/TAXI	£325
LORRY/BUS/COACH/MOTORBIKE	£615(includes off-site costs)
HI-TECH (Longer Appointment)	£470

If you are over the age of 13, and you would like a family member/friend to act or speak on your behalf, please complete details below:

Individual 1

Name: Relationship to client:.....

Address:
..... Postcode.....

Mobile: Email:

Please indicate when you would like QEF to contact the person named above: -

- To make appointments on my behalf YES NO
- To discuss progress, recommendations and outcomes YES NO
- To make payments YES NO

Individual 2

Name: Relationship to client:.....

Address:.....
..... Postcode.....

Mobile: Email:

Please indicate when you would like QEF to contact the person named above: -

- To make appointments on my behalf YES NO
- To discuss progress, recommendations and outcomes YES NO
- To make payments YES NO

Signature:..... Name:..... Date:.....

If you want to change your decision at any time in the future, please let us know in writing.

EQUAL OPPORTUNITIES DATA

We are obliged to ask this information from the organisations that fund our service.

You do not have to answer these questions, and if you choose not to, this will not make any difference to the service you receive.

Ethnic Origin:

Asian Bangladeshi () Asian Indian () Asian Other () Asian Pakistani ()

Black African () Black Caribbean () Black Other () Chinese ()

Mixed Other () Mixed White + Asian () Mixed White + Black African

Mixed () Mixed White + Black Caribbean ()

White British () White Irish () White Other ()

Ethnic Other () Please specify_____

Declined to comment ()