

In order to meet your needs, and to ensure that we have the right products available for trial, please complete the following before your assessment.

Are there any specific products you would like to see during your assessment? Please state model details and explain why.

A: ABOUT YOUR CIRCUMSTANCES

1. What do you hope to gain from your assessment?

2. Do you currently have any mobility equipment e.g. walking frame or wheelchair which you wish to take in the vehicle with you? Please provide details of weight, make, model and dimensions.

3. How do you currently get around indoors?

4. How do you currently get around outdoors?

5. What is the make and model of your current vehicle?

a) Make:

b) Model:

c) Estate/Hatchback (please delete)

6. Does it have any adaptations? YES/NO

Please list:

7. Are you planning to change your car? YES/NO

8. So that we can advise you, please let us know how any new vehicle will be financed (please circle):

Motability Private purchase Company car Other

9. Please let us know if you will be using the report to provide information to any third party. If so, please give details:

ABOUT YOU OR THE PERSON WHO NEEDS THE ASSESSMENT	
1	<p>What is your height: _____ What is your weight: _____</p> <p>Please describe how your condition affects you:</p>
2	<p>Where do you park your car? (please circle)</p> <p>Garage Driveway On-road If Other (please describe): _____</p>
3	<p>Are there other factors that we should be aware of e.g. pain, fatigue, hearing or visual impairment? Please describe: _____</p> <p style="text-align: right;">YES/ NO</p>
4	<p>Can you stand from sitting independently? (please circle)</p> <p>YES NO Only with assistance (*) Only with equipment (*)</p> <p>(*) please give details</p>
5	<p>Do you have difficulty getting in or out of a car? If yes, please give details: _____</p> <p style="text-align: right;">YES/ NO</p>
6.	<p>Please add anything else you think we ought to know:</p>
<p>General Practitioner/Consultant: _____ Address: _____</p> <p>Telephone: _____ Postcode: _____</p>	

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...../...../.....

Cost of Transfer & Seating assessment: £220.00

If you are over the age of 13 and do not have the above, and you would like a 3rd party 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

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

Client signed Name..... Date

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. This section of the application form will be detached and the information collected will only be used for monitoring purposes in an anonymised format.

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 ()