

Sent by/date

QEF Mobility Services

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Surrey, SM5 4AW

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Email: mobility@qef.org.uk

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 www.qef.org.uk/privacy/ or contact the office email or phone.

WHEELCHAIR/SCOOTER ASSESSMENT

APPLICATION FORM

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

For office use only:

PERSONAL INFORMATION

TITLE: **SURNAME:**

FORENAME:

DATE OF BIRTH: / /

EMAIL:

ADDRESS:

TEL (home):

COUNTY:

TEL (mobile):

POSTCODE:

TEL (work):

If we have to call you and you are not available, may we leave a message?

YES/NO

What is the nature of your disability/medical condition?

Please give brief details:

Date of onset:

Do you experience any pain?

YES/NO

Are you in receipt of the higher rate mobility component of Disability Living Allowance or the enhanced rate of the mobility component of PIP?

YES/NO

Have you been assessed by this Mobility Centre before?

If **YES**, what year?

Please give details:

If **NO**, how did you hear of us?

Are there any specific products that you would like to see during your assessment? YES/NO	
Please state manufacturer and model details:	Please explain why you are interested in this manufacturer or model:

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

A. About Your Circumstances

1. Please describe how your condition affects you

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

3. If you currently have any mobility or healthcare equipment e.g., walking frame or oxygen

cylinder which you wish to carry on a mobility vehicle, please provide details & dimensions

4. Do you have any previous driving experience in a car/ scooter or powered

wheelchair? If so please give details

5. If you would like to take your mobility vehicle in a car for use at your

destination, what is the make and model of the car?

Make: Model:

Estate / hatchback (circle answer)

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

B: About You

1. Do you wear glasses for distance? **YES / NO**

2. What is your Height: and Weight:

3. Are you right or left-handed? **RIGHT / LEFT**

4. How do you currently get around indoors?

5. How do you currently get around outdoors?

6. Can you stand independently from sitting? **YES / NO / ONLY WITH ASSISTANCE**

7. Please add anything else you think we ought to know.

C. Environmental Factors (where mobility vehicle is to be used)

1. Please describe access into your home. Mention everything that needs to be considered *e.g., Front door width (please measure), step Heights, pathway Surfaces, Communal Areas, lifts.*

2. If taking your mobility vehicle indoors, please describe access around the house.
In particular we need to know

Internal doorway widths **(please measure exactly):**

Narrow corridor widths & available turning circles **(please measure exactly):**

3. Describe where you want to go in your vehicle and what you need to negotiate.
E.g. Maximum distance required, roads, kerb heights, rough terrain (grass, gravel, pavement, steep hills.

Also...

Use of dropped kerbs **Yes / No**

Pedestrian crossings **Yes / No**

4. Provided lifting and loading problems can be solved, would you like to take it in:

Public Transport ☐

Private car ☐

Community Vehicles (Dial-a-ride) ☐
wheelchair accessible vehicles

5. Where will you store and charge your vehicle?

6. Is there a power point in situ? Yes / No

7. When do you want to use the vehicle?

At night (it gets dark by 3pm in winter) ☐

In the day ☐

Both day and night ☐

General Practitioner (GP) /Consultant:

Telephone Number:

Address:

County:

Post Code:

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

DECLARATION

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 onto a scooter/wheelchair. **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 and for QEF Mobility Services to contact my doctor, should it be considered necessary, for any further medical information relevant to this assessment, which will be treated in strict confidence. **YES/NO**

I understand I have the right to withdraw from the assessment at any time. **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 there will be a 25% administration charge for all cancellations if another appointment is not required.

Signed

Date

CLIENT NAME:**DATE OF BIRTH**/..... /.....

Full cost of an assessment: £255.00

If you are over the age of 13 and wish for someone to act or speak on your behalf, please complete their contact 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 ☐

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.

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 ()