

Sent by/ date
QEF Mobility Services
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QEF

queen elizabeth's
 foundation for
 disabled people
 Achieving goals for life

POWERED MOBILITY
(wheelchairs, mobility scooters and power assisted)
ASSESSMENT APPLICATION FORM
(please complete using CAPITALS and return to the above address)

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

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**
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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 (**please measure exactly**):

- Internal doorway widths
- Narrow corridor widths & available turning circles

3. Describe where you want to go in your vehicle and what you need to negotiate. For example:

- Maximum distance required
- Roads
- Kerb heights
- Use of dropped kerbs **Yes / No**
- Pedestrian crossings **Yes / No**
- Rough terrain (grass, gravel, pavement)
- Steep hills

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?

Is there a power point in situ? Yes / No

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/Consultant:

Telephone Number:

Address:

County:

Post Code:

DECLARATION

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. I understand I have the right to withdraw from the assessment at any time. I understand that a copy of the report will be sent to my Doctor by QEF Mobility Services, unless otherwise instructed.

I understand and agree 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. I also agree that staff may occasionally record images during assessments to provide additional content to the written report.

I accept that if I fail to attend my appointment, or do not complete the assessment or if I do not give at least 5 working days cancellation notice, the fee will not be refunded. There will be a 25% administration charge for all cancellations if another appointment is not required.

QEF may hold information regarding your assessment under the Data Protection Act 1998, to monitor and compare any previous assessment outcomes.

Signed Date

PAYMENT:

Full cost of an assessment: ££50.00

MasterCard/Visa/Delta/Switch*

Card No:

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Expiry Date:

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Security No to be given when booking appointment

For office use only

Cheque/Postal Order* made payable to "QEF Mobility Services".

Please put your card number and address on the back of your cheque.

(* delete as appropriate)

If you are not paying for the assessment yourself, please list below the name and address of the person / organisation who has agreed to meet the cost of the assessment.

Name (person/organisation):	
Address:	Postcode:
Contact Name:	Contact Tel No:
Email address (if known):	

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 ()