



CONFIDENTIAL ASSESSMENT APPLICATION

1. GENERAL INFORMATION (Please Print)

Title: Mr Mrs Miss Ms Dr Other

.....

Surname:

.....

First Name(s):

.....

Address:

.....

.....

Postcode:

.....

Telephone No:

.....

Email address:

.....

Date of birth:

.....

Ethnic Group:

.....

GP Name:

.....

GP Address:

.....

.....

Postcode:

.....

GP Tel No:

.....



2. WHAT TYPE OF ASSESSMENT WOULD YOU LIKE TO HAVE? (Please tick)

IF YOU ARE UNSURE WHICH ASSESSMENT WOULD BE MOST SUITABLE FOR YOU PLEASE RING US ON 01872 254920 TO SPEAK TO ONE OF OUR ASSESSORS

• FULL DRIVING ASSESSMENT

If you have or have had an illness which may affect your ability to continue to drive safely. This assessment looks at your ability to control the vehicle and how you deal with traffic and other road users.

The cost of this assessment is £65

• ADAPTATIONS ASSESSMENT

This assessment is for people who have a physical disability and need advice on vehicle adaptations but who do not need to drive from a wheelchair. This assessment will give you the opportunity to try out equipment.

The cost of this assessment is £50

• DRIVE FROM WHEELCHAIR ASSESSMENT

If you need to drive from a wheelchair and you cannot transfer from your wheelchair or stow your wheelchair on your own. This assessment will give you the opportunity to try out a wheelchair accessible vehicle and equipment.

The cost of this assessment is £110

• PASSENGER ASSESSMENT

For passengers who have difficulty transferring from a wheelchair to a vehicle

The cost of this assessment is £50

• WHEELCHAIR OR SCOOTER HOIST ASSESSMENT

For people who need advice on the best method of getting a wheelchair or scooter into and out of a vehicle.

The cost of this assessment is £50 (refundable if you purchase a hoist and we fit it for you)

SPECIALIST ASSESSMENTS FOR EMPLOYERS, SOLICITORS OR INSURANCE COMPANIES: Assessments which require a more complex assessment and a more detailed report are charged accordingly. Please contact us for full details and costs.

What do you want to achieve from this assessment?

.....

Has someone other than you suggested you have this assessment?

YES/NO

Are they paying for this assessment?

YES/NO

If yes, please enter their name and address

Name:

.....

Address:

.....

.....

Postcode:

.....

3. WHERE WOULD YOU LIKE TO HAVE YOUR ASSESSMENT? (please tick)

- Cornwall Mobility Centre, Truro
- Mount Gould Hospital, Plymouth
- Holsworthy Hospital, Holsworthy, Devon
- Exeter Mobility Centre, Exeter
- Echo Centre, Liskeard

4. ABOUT YOU: YOUR DIAGNOSIS (please print)

What is your diagnosis/disability?

.....

.....

How does your diagnosis/disability affect your daily life?

.....

.....

.....

4. ABOUT YOU: YOUR DIAGNOSIS (continued) For Hoist Assessments
 please go to Section 5

Please list any medication you take

.....

When and where did you last have your eyesight tested?

.....

Please note: It is a legal requirement for all drivers to be able to read, in good daylight, (with the aid of glasses or contact lenses if worn), a vehicle number plate from a distance of 20 metres (new style number plates) or 20.5 metres (old style). We will not be able to complete your assessment if you are unable to comply with this requirement.

Are you right or left hand dominant?

.....

What is your height?

.....

What is your weight?

.....

Do you receive Higher Rate Mobility Component or War Pensioners' Mobility Supplement?

YES/NO

5. ABOUT YOU: MOBILITY Please tick the boxes that apply to you

Do you use a wheelchair, scooter or any walking aids?

YES/NO

If **NO** please go to **SECTION 6**

Mobility Aid Used	Make and Model	Walking Aids
Manual wheelchair: Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/>		Crutches <input type="checkbox"/>
Power Chair: Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/>		Rollator/wheeled walker <input type="checkbox"/>
Scooter: Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/>		Walking stick <input type="checkbox"/>
		Zimmer frame <input type="checkbox"/>

5. ABOUT YOU: MOBILITY (Continued)

Do you drive from a wheelchair? YES/NO

Can you walk or take a few steps? YES/NO

Can you stand? YES/NO

How do you transfer into/out of your wheelchair? _____

Do you currently stow your wheelchair in your vehicle? YES/NO

If yes, what method do you use? _____

If No does someone else do it for you? YES/NO

6. ABOUT YOU: DRIVING (If you are applying for a PASSENGER or HOIST ASSESSMENT, please go to SECTION 7)

Do you have a driving licence? YES/NO

If YES, what type of licence do you have? (Please tick)

- Full
- Provisional
- Provisional Disability Assessment Licence
- Revoked
- Section 88 (your licence has expired but you have a valid application with the DVLA)
- Surrendered
- Under Review

6. ABOUT YOU: DRIVING (Continued)

What is your Driver Number?

What is your licence expiry date?

Was your licence issued in the UK?

YES/NO

If NO where was your licence issued?

Have the DVLA been informed of your medical condition?

YES/NO

If yes, what date did you inform them?

Have you been advised to stop driving?

YES/NO

If yes, was this by a doctor or the DVLA?

What driving experience have you had? (Please tick)

- I am currently driving
- I am not currently driving but I have driven in the past
- I have had driving lessons in the past
- I am currently having driving lessons
- I have never driven

If you used to drive but stopped, what date did you stop?

Have you had any accidents recently?

YES/NO

If yes, please give details

7. ABOUT YOU: VEHICLES

Do you currently have a vehicle? YES/NO

If yes, what is the

- Make
- Model
- Year of Manufacture

Does your vehicle have manual or automatic transmission?

Did you get this vehicle from Motability? YES/NO

If yes, what is the Motability renewal date?

Does your vehicle have adaptations fitted? YES/NO

If yes, please give details

8. ABOUT YOU: OTHER INFORMATION

Are you available at short notice if we have a cancellation? YES/NO

Dates/days you are not available

Do have any special requirements (eg will you need accommodation in or near the assessment location?)

Will you be using your assessment report for legal purposes? YES/NO

Anything else you wish to add which may be relevant to your assessment

Please tell us how you heard about us

PAYMENT

Please send your payment to us with this form (please see page 2 for charges).

You can pay by **Cheque, Debit or Credit card.**

Cheque: Please make cheques payable to “Cornwall Mobility Centre Ltd”.

Debit/Credit Card: Please complete the boxes below.

Card Type: (please tick)

Visa Visa Electron Mastercard Switch Solo

Name on card: (please print) _____

Please enter your card number below

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Please enter the start date on your card (mm/yy) below

--	--	--	--

Please enter the expiry date on your card (mm/yy) below

--	--	--	--

Please enter the last 3 digits of the number printed over the signature strip on your card below

--	--	--

Please enter your issue number (Switch only) below

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Amount to be debited:

£

SIGNATURE:

DATE:

CONSENT AND DECLARATION

All information held by the Cornwall Mobility Centre is treated as strictly confidential under the terms of the Data Protection Act.

We may need to contact your GP, Consultant or other healthcare professional for medical details to help us carry out your assessment.

We may need to use information about you for statistical purposes. Any information we use will be anonymised.

With your consent, we may send a copy of your assessment report to your GP, the DVLA, Motability, your insurance company, solicitor, or other person or organisation referring you for the assessment.

If you consent to the above, please sign below.

NAME: (Please print)

.....

SIGNATURE:

.....

DATE:

.....

**Thank you for completing this application form. Please return
it to
Cornwall Mobility Centre
Tehidy House, Royal Cornwall Hospital
Truro, TR1 3LJ**

**If you have any problems completing the form or need any
further information, please telephone us on**

**01872 254920
or email us at mobility@rcht.cornwall.nhs.uk**