



# Electric Mobility Aid Part 2 Assessment Form

Complete this form **after** DVA has approved the D9300 – Electric Mobility Aids Part 1 Medical Information Form, to assess a client for a:

- Mobility Scooter
- Electric Wheelchairs
- Power Assist Devices
- Carer-operated Wheelchair.

This form is to be completed by the client's Occupational Therapist.

Please refer to the Rehabilitation Appliances Program – National Guideline Electric Mobility Aids available at <https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-national-guidelines>

Provider Hotline: **1800 550 457** – choose Option 1 for Aids & Appliances provided under the Rehabilitation Appliances Program (RAP).

Your personal information is protected by law, including the *Privacy Act 1988*. Your personal information may be collected by the Department of Veterans' Affairs (DVA) for the delivery of government programs for war veterans, members of the Australian Defence Force, members of the Australian Federal Police and their dependants. Go to [www.dva.gov.au/privacy](http://www.dva.gov.au/privacy) for more information about how DVA manages personal information.

### No duplication of government funded services

It is the responsibility of the requesting health provider to check the client is not accessing the same service/aid/appliance or home modification through more than one government service e.g. National Disability Insurance Scheme (NDIS) and RAP.

### Occupational Therapist Details

<b>Provider Stamp</b> <i>(if applicable)</i>	Name	<input style="width: 90%;" type="text"/>		
	Provider number	<input style="width: 80%;" type="text"/>		
	Employer	<input style="width: 95%;" type="text"/>		
	Address	<input style="width: 95%;" type="text"/>		
		POSTCODE		
	Phone number	[   ]	Fax	[   ]
	Mobile number	<input style="width: 70%;" type="text"/>		
	E-mail	<input style="width: 95%;" type="text"/>		

### Client Details

Surname	<input style="width: 95%;" type="text"/>		
Given name(s)	<input style="width: 95%;" type="text"/>		
Date of birth	<input style="width: 60%; border: none; border-bottom: 1px solid black;" type="text"/> / <input style="width: 10%; border: none; border-bottom: 1px solid black;" type="text"/> / <input style="width: 10%; border: none; border-bottom: 1px solid black;" type="text"/>		
DVA file number	<input style="width: 80%;" type="text"/>		
Card type	<input type="checkbox"/> Gold	<input type="checkbox"/> White	– Please contact DVA on <b>1800 550 457</b> or <a href="mailto:RAPGeneralEnquiries@dva.gov.au">RAPGeneralEnquiries@dva.gov.au</a> to check eligibility under the client's Accepted Condition/s.
Client's contact phone number and alternate contact number	[   ]	Alt.	[   ]
Residential address	<input style="width: 95%;" type="text"/>		
	POSTCODE		

**1: Relevant medical history**


**2: Height**

	Cm
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**3: Weight**

	Kg
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**4: Mobility**

Actual distance the client can walk	metres
Actual distance the client can self-propel a manual wheelchair	metres
Actual distance a carer can push the client in a wheelchair	metres

**5: Is mobility likely to improve with time or alternative aid (e.g. post THR)?**

No       Yes

**6: Please describe mobility indoors AND outdoors (include mobility aids used).**


**7: Please describe upper limb AND lower limb function (dexterity, strength, co-ordination, range of movement, balance).**


**8: Please describe functional vision (ability to scan, any visual neglect).**


**9: Hearing:**

Normal  Impaired

Hearing aid?  No

Yes ▶  Left ear  Right ear  Both

**10: Cognitive ability** (*consider memory, orientation, perceptual skills, response time. Please attach a copy of the standardised cognitive assessment undertaken*).

Comment on standardised cognitive assessments


**11: Social situation/Domicile:**  
(Please tick appropriate box)

Lives alone  Spouse  Other family  Friend

House/Unit  Retirement village/Independent Living Unit

Does the client live in a Residential Aged Care Facility?

No

Yes ▶ Please refer to the RAP in Residential Aged Care List to determine items available to residents of aged care facilities. The list is available at <https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-overview#rap-items-for-our-clients-in-residential-aged-care>

Where an aged care facility is funded to provide an aid or appliance, it is expected to do so. DVA does not seek to duplicate these arrangements.

In exceptional circumstances DVA may consider on a case-by-case basis requests for items not on the list. Please provide adequate justification with this request.

Comments


Spouse/carer/family/community services able to assist with use of mobility aid/community access?

No

Yes ▶ Please give details


**12: Client's ADL:**

	<i>Independent</i>	<i>Assistance</i>	<i>Dependent</i>	<i>Equipment used</i>
Bathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Toileting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Transfers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Finance management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mail collection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Comments (*inc. shopping, housework, laundry, taking out garbage etc.*)


**13: Reasons for assessment**

	<i>1.</i>	<i>2.</i>	<i>3.</i>
Functional Criteria	<i>Severe reduction in mobility</i>	<i>Cannot use wheelchair</i>	<i>Carer unable to push wheelchair</i>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Criteria	<i>Reduce social isolation</i>	<i>Reduce dependence on carer</i>	<i>Reduce need for institutional/ community care</i>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other			
	<input type="text"/>		

**14: What transport does the client currently use to access the community** (*comment on frequency of outings and destinations*)?


Does the client hold a current drivers license?

No ► How long since the client has driven?

Yes ► Does the client have a restricted license?  No  Yes

Is there a history of driving accidents?  No  Yes

Does the carer drive?  No  Yes

Does/could the client have a taxi voucher?  No  Yes

Does the client receive Recreational Transport Allowance?  No  Yes

**NOTE: DVA will not fund ramps, hoists or trailers required for transportation of the electric mobility aid.**

**15: Client's requirements for the:**

Home:  Internal  External

For what functional purpose will the electric mobility aid be used?


Intended usage of electric mobility aid (comment on proposed destinations and frequency)


Community access:

Immediate neighbourhood

Shopping centre

Other

--

Distance to be travelled per day

--

Terrain (*please tick*)

Steep > 1:8

Sloped 1:8

Level

--

Uneven

Even

--

Footpath

Road

Grass

--

Sealed path

Unsealed path

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Will house access ramps be required for electric wheelchair access?

No

Yes

**NOTE: DVA will not fund ramps for scooter access.**

Comments


**16: Storage and maintenance:**

NB: it is the responsibility of the client to provide a suitable and secure storage site.

Storage site


**NOTE: An extension lead of 3 metres can be used, but it must remain in the same building (AS 3000). Powerpoints will not be supplied by DVA.**

Is the area lockable and waterproof with four solid enclosing walls?

No     Yes

Does the client/carer understand recharging requirements?

No     Yes

**17: Electric Mobility Aid Trial Recommendation:**

*(Please state what type of electric mobility aid is being recommended for trial, after consultation with the client and/or their carer)*

Mobility Scooter     Electric Wheelchair     Accessories  
 Power Assist Device     Carer-operated wheelchair power pack  
Choose supplier  
 Aidacare     Allianz Global Assistance  
 BrightSky     The Country Care Group

Electric Mobility Aids and Accessories to be trialled.

Product name and model	Catalogue number

Additional comments *(If recommending a carer controlled device, please comment on the carer's skills and competencies to safely operate the device).*


Date of assessment

Date of report

OT Prescriber signature


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**Proceed to trial ONLY after DVA advises of their approval.**

(The D9379 Electric Mobility Aid Part 3 Trial Form can be found on the RAP Forms webpage at <https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms>)

Please return completed form and attachments to DVA, via email (preferred):

[RAPGeneralEnquiries@dva.gov.au](mailto:RAPGeneralEnquiries@dva.gov.au)

OR post to **Department of Veterans' Affairs  
GPO Box 9998, Brisbane QLD 4001**