



Complete this form for assessing 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](#)

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.
[Read more: 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.

Proceed to trial ONLY AFTER being contacted by DVA

Occupational Therapist Details

Provider Stamp <i>(if applicable)</i>	Name	<input style="width: 95%;" type="text"/>	
	Provider number	<input style="width: 95%;" type="text"/>	
	Employer	<input style="width: 95%;" type="text"/>	
	Address	<input style="width: 95%;" type="text"/>	
		POSTCODE	
	Phone number	[] <input style="width: 60%;" type="text"/>	Fax [] <input style="width: 60%;" type="text"/>
	Mobile number	<input style="width: 95%;" type="text"/>	
	E-mail	<input style="width: 95%;" type="text"/>	

Client Delivery Details

Surname	<input style="width: 95%;" type="text"/>
Given name(s)	<input style="width: 95%;" type="text"/>
Date of birth	<input style="width: 60%; text-align: center;" type="text" value=" / /"/>
DVA file number	<input style="width: 95%;" type="text"/>
Card type	<input type="checkbox"/> Gold <input type="checkbox"/> White – please contact DVA on 1800 550 457 or RAPGeneralEnquiries@dva.gov.au to check eligibility under the client's Accepted Condition/s.
Client's contact phone number and alternate contact number	[] <input style="width: 60%;" type="text"/> Alt. [] <input style="width: 60%;" type="text"/>

Client Delivery Details continued

Residential address

POSTCODE

Delivery address (if different to above)

POSTCODE

Trial Results

Date(s) of Trial

/	/
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/	/
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1: Has the client operated an electric mobility aid previously?

 No

 Yes

▶ What type of mobility aid?

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2: Location of trial (please tick):

Residence:

 Indoors

 Outdoors

 Storage area

Community:

 Shops

 Health site

 Other

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SCOOTER/ELECTRIC WHEELCHAIR

3: Was the client safely able to:

	No	Yes	Sometimes	Comments		
Transfer on/off mobility aid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<table border="1"><tr><td></td></tr><tr><td></td></tr></table>		
Sit with stability and appropriate posture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<table border="1"><tr><td></td></tr><tr><td></td></tr></table>		
Use speed controls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<table border="1"><tr><td></td></tr><tr><td></td></tr></table>		
Use other controls (brake, indicators)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<table border="1"><tr><td></td></tr><tr><td></td></tr></table>		
View battery level indicator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<table border="1"><tr><td></td></tr><tr><td></td></tr></table>		
Drive in:						
Straight line	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<table border="1"><tr><td></td></tr><tr><td></td></tr></table>		
Reverse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<table border="1"><tr><td></td></tr><tr><td></td></tr></table>		
Turning left & right on cue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<table border="1"><tr><td></td></tr><tr><td></td></tr></table>		

3: Was the client safely able to:
continued..

	No	Yes	Sometimes	Comments
U turn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3-Point turn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Negotiate:				
Narrow paths or doorways	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cross roads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Rough ground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other vehicles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Slopes/curbed ramps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pedestrians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Observe road rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Turn head to scan for hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	▼ A bilateral mirror is required			
Trunk/head supports required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Was a helmet worn during the trial? No Yes

Further comments

3: Was the client safely able to:
continued..

	No	Yes	Sometimes	Comments
Judge space and distance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Respond in appropriate time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Use horn appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Remember to turn machine on/off	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Remain undistracted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Maintain appropriate behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Comment on attention, concentration, memory, following directions

4: Does the client/carer understand:

General maintenance? No Yes

Protocol for repairs? No Yes

5: Electric Mobility Aids tested
(2 - 3 vehicles should be trialled if practicable)

	Product name/description	Catalogue number	Trial date	Supplier
1	<input type="text"/>	<input type="text"/>	<input type="text" value="/ /"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text" value="/ /"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text" value="/ /"/>	<input type="text"/>

6: Electric mobility aid choice at completion of assessment:

Name

Reasons for choice

7: Is further OT training recommended?

No Yes

Comments


8: Has a schedule of regular reassessment been agreed to?

No Yes

Comments

9: Supplier

Aidacare Alliance Global Assist
 Brightsky Country Care

 **For ordering the helmet and other ancillary equipment please complete and attach a**
[D0992 Mobility and Functional Support Order Form](#)

10: Is the client aware of their responsibilities to comply with their relevant state and territory driving legislation and how the use of alcohol, medication (prescribed and over the counter) and illicit drugs can impair their ability to drive safely?

No Yes

11: Is the client aware of their responsibilities to organise public liability insurance?

No Yes

NOTE: Personal Injury Insurance is also advisable.

12: OT Prescriber signature



Date

/ /

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

RAPGeneralEnquiries@dva.gov.au

OR post to

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

DVA Rehabilitation Appliances Program

Contracted Suppliers

<i>Supplier</i>	<i>Phone</i>	<i>FAX - General</i>	<i>Email</i>
Aidacare	1300 888 052	1300 787 052	dva@aidacare.com.au
Allianz Global Assistance	1800 857 715	1800 653 556	mfs@allianz-assistance.com.au
BrightSky	1300 799 243	1300 799 253	mfs.orders@brightsky.com.au
The Country Care Group	1800 727 382	1800 329 382	dva@country-care.com.au

Prescribers are reminded that the choice of supplier is theirs.

The alphabetical listing above is for administrative ease only.