



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 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 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.

Proceed to trial ONLY AFTER being contacted by DVA

Client Details

Surname

Given name(s)

Date of birth

DVA file number

Card type Gold 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 [] Alt. []

Residential address
 POSTCODE

Delivery address (if different to above)
 POSTCODE

Occupational Therapist Details

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

Trial Results

Date(s) of Trial

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

No

Yes

▶ What type of mobility aid?

2: Location of trial *(please tick):*

Residence:

Indoors

Outdoors

Storage area

Community:

Shops

Health site

Other

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"/>	<input type="text"/>
Sit with stability and appropriate posture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Use speed controls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Use other controls (brake, indicators)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
View battery level indicator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

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

Drive in:

No Yes Sometimes

Comments

Straight line

Reverse

Turning left & right
on cue

U turn

3-Point turn

Negotiate:

Narrow paths or
doorways

Cross roads

Rough ground

Other vehicles

Slopes/curbed ramps

Pedestrians

Observe road rules

Turn head to scan for
hazards

▼
A bilateral mirror is required

Trunk/head supports
required

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

Was a helmet worn during the trial? No Yes

Was a helmet recommended during the trial? No Yes

Further comments

	No	Yes	Sometimes	Comments		
Judge space and distance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<table border="1"><tr><td> </td></tr><tr><td> </td></tr></table>		
Respond in appropriate time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<table border="1"><tr><td> </td></tr><tr><td> </td></tr></table>		
Use horn appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<table border="1"><tr><td> </td></tr><tr><td> </td></tr></table>		
Remember to turn machine on/off	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<table border="1"><tr><td> </td></tr><tr><td> </td></tr></table>		
Remain undistracted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<table border="1"><tr><td> </td></tr><tr><td> </td></tr></table>		
Maintain appropriate behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<table border="1"><tr><td> </td></tr><tr><td> </td></tr></table>		

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)

	<i>Product name/description</i>	<i>Catalogue number</i>	<i>Trial date</i>	<i>Supplier</i>
1				
2				
3				

6: Prescription of Electric mobility aid and accessories (eg. helmet/walking aid holder) prescribed 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 Allianz Global Assistance
 Brightsky Country Care

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>Online Catalogue</i>	<i>Phone</i>	<i>FAX - General</i>	<i>Email</i>
Aidacare	www.aidacare.com.au	1300 888 052	1300 787 052	dva@aidacare.com.au
Allianz Global Assistance	www.mobilityservices.com.au	1800 857 715	1800 653 556	mfs@allianz-assistance.com.au
BrightSky	www.paraquad.org.au	1300 799 243	1300 799 253	mfs.orders@brightsky.com.au
The Country Care Group	www.countrycaregroup.com.au	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.