IMPORTANT

Australian Government
Department of Veterans' Affairs

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

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.

Occupational Therapist Details

Provider Stamp *(if applicable)*

Name

Provider number

Employer

Address

POSTCODE

Phone number [ ] Fax [ ]

Mobile number

E-mail

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

1: Relevant medical history

2: Height Cm

3: Weight Kg

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

☐ Resident Aged Care Facility (RACF) ▶ ☐ ACFI classification not yet assigned

ACFI classification

Does the ACFI classification contain 1 high domain or 2 or more medium domains categories?

☐ No ☐ Yes (Refer to DVA)

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:

	Independent	*Assistance*	*Dependent*	*Equipment used*
Bathing	☐	☐	☐	
Toileting	☐	☐	☐	
Transfers	☐	☐	☐	
Shopping	☐	☐	☐	
Finance management	☐	☐	☐	
Mail collection	☐	☐	☐	

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

13: Reasons for assessment

	1.	*2.*	*3.*
Functional Criteria	*Severe reduction in mobility* ☐	*Cannot use wheelchair* ☐	*Carer unable to push wheelchair* ☐
Social Criteria	*Reduce social isolation* ☐	*Reduce dependence on carer* ☐	*Reduce need for institutional/ community care* ☐

Other

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

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

☐ Power Assist Device ☐ Carer-operated wheelchair power pack

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

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)

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

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