

Powered Wheelchair & Mobility Scooter referral form



NOTE: Please complete all sections in BLOCK capitals. If an interpreter is required, this will need to be arranged privately.

your details

Title Name D.O.B

Gender Female Male Non-Binary Prefer not to say

Address

Postcode

Phone Number Email

alternative contact details

Name Relationship

Address

Postcode

Phone Number Email

GP details

Name Phone Number

Address

Postcode

medical information

What medical condition do you have and how does it affect you?

When did your condition start?



Please list any medication you are taking:

Can you walk unaided? Yes No If yes, how far?

What equipment do you use?

Manual wheelchair Powered wheelchair Mobility scooter

Make: Model:

Can you transfer unaided? Yes No

Do you have any restriction in any of the below:

Spine/Back Left Hand Left Arm Left Leg Left Foot
Next Right Hand Right Arm Right Leg Right Foot

What would you like to gain from the assessment?

booking information

Which Centre would you like to attend?

Hull Manchester Solihull

If there is any other information you think would help us with your booking, dates you are unavailable or you have any special requirements during your visit please write that here.



assessment fee: £49

Payment can be made by cheque or by credit/debit card (by phone).

Please note that your assessment fee is a personal contribution towards the cost of the assessment. Should the cost of your assessment be covered by any other means than your own (e.g. Insurance Claim, Employer) please contact the centre for further advice on fees prior to sending in your application form.

As part of our commitment to reach everyone in the community, it would help us if you could tick one of these boxes for monitoring purposes.

Mixed

- White and Caribbean
- White and African
- White and Asian
- Another mixed background

Please state below:

Asian

- British
- Indian
- Pakistani
- Bangladeshi
- Another Asian background

Please state below:

White

- British
- English
- Welsh
- Scottish
- Irish
- Another White background

Please state below:

Black

- British
- African
- Caribbean
- Another Black background

Please state below:

Chinese and other ethnicities

- Chinese
- Another Asian background
- Please state below:

Do not wish to respond

To help us plan our services could you tell us how you heard about RDAC?

- Health Professional
- Disability Group
- Solicitor
- Friend/Relative
- Adaptation Company
- Forum Website
- DVLA
- Driving Instructor
- Case Manager
- Publication
- Garage
- RDAC Website



consent

Do you give permission for details of your assessment to be discussed with a third party e.g. family member, case worker or health professional. If yes, then please list below with contact details:

data protection act

The Data Protection Act 2018 requires us to seek your written consent to our processing the information provided by you on this form. Some of this information may be given to a third party for the purposes of finding out user's views of the service, audit and research or to specialists such as adaptation companies and driving instructors. We never release information which is not relevant to your fitness to drive or discuss personal details. Your signature will be taken to mean that you have given that consent.

Under the Data Protection Act you have the right to enquire, in writing, the information we hold on you and, subject to a few exceptions to be supplied with a copy of this information.

Name	<input type="text"/>	Signature	<input type="text"/>
Date	<input type="text"/>		<input type="text"/>

declaration

I declare that the details I have checked the details given on the enclosed questionnaire and that to the best of my knowledge they are correct.

Name	<input type="text"/>	Signature	<input type="text"/>
Date	<input type="text"/>		<input type="text"/>

freedom to move

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