



# Scooter/EWC Assessment Form

## RAP Mobility & Functional Support Products

Provider Hotline: 1300 550 457 (metro) 1800 550 457 (country) - choose Option 1 for Aids & Appliances provided under the Rehabilitation Appliances Program (RAP).

This form is to be used for requesting items through the Rehabilitation Appliances Program. For prior approval items, please attach clinical justification or use DVA specified forms.

The provider is responsible for ensuring that the client is aware that their personal information is to be forwarded to DVA, and companies authorised by DVA to deliver products, for determining and/or providing benefits under the *Veterans' Entitlements Act 1986*. The information will be treated in a confidential manner. However, in certain circumstances it may be used for clinical review, audit or management purposes or disclosed to the client's local medical officer.

Supplier choice:  Aidacare  Allianz Global Assistance  Country Care Group  Invacare  Paraquad

### Provider Details

OT  Other (Specify Profession)

**Provider Stamp** (if applicable)

Name   
 Provider number   
 Employer   
 Address   
 POSTCODE   
 Phone number [ ]  Fax [ ]   
 Phone number [ ]   
 E-mail

### Entitled Person/Delivery Details

Surname   
 Given name(s)   
 Date of birth  /  /   
 DVA file number   
 Gender  Male  Female  
 Card type  Gold  White - please contact DVA to check eligibility under the client's Accepted Disability(ies). Please call **1300 550 457** (as above).  
 Does the entitled person live in a Residential Care Facility?  No  Yes - what category of care?  Low 5 - 8  High 1 - 4 (refer to DVA)  
 Does the entitled person receive help under the EACH package?  No  Yes - please contact DVA  
 Entitled person's contact phone number and alternate contact number [ ]  Alt. [ ]   
 Residential address   
  
 Delivery address (if different to above)

Name

File No.

**NOTE: The veteran's eligibility for a scooter must be established by DVA as a reduction in functional mobility resulting from an Accepted Disability (AD), before proceeding with this assessment.**

**These items require DVA Prior Approval**

Refer DVA RAP National Guidelines for Electric Mobility Aids, [www.dva.gov.au](http://www.dva.gov.au)

**1: Relevant medical history**


**2: Height**  Cm

**3: Weight**  Kg

**4: Mobility** Actual distance the entitled person can walk  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).**

Equipment


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


**8: Please describe vision**


**9: Hearing:**  Normal  Impaired

Hearing aid?  No  Yes ▶  Left ear  Right ear  Both

Name

File No.

**10: Cognitive ability** (*consider memory, orientation, perceptual skills, response time*).

Comment on standardised cognitive assessments if appropriate


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

- Lives alone    Spouse    Other family    Friend    Hostel  
 Home/Unit    Retirement village    Nursing home

Home ownership:

- Owner    Rents    Other

Comments


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

- No  
 Yes ► Please provide details


**12: Beneficiary'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"/>	<input type="text"/>
Toileting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Transfers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
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.*)


Name

File No.

**13: Reasons for assessment**  
*(Refer to Scooter and EWC Guidelines)*

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

Other

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

Does the veteran drive?

No

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

Is there a history of driving accidents?  No  Yes

Does the carer drive?  No  Yes

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

Does the veteran receive Recreational Transport Allowance?  No  Yes

**NOTE:** DVA will not fund hoists, ramps or trailers required for transportation for the motorised aids.

Comments

**15: Veteran's requirements for the Scooter/EWC:**

Home:  Internal  External

For what functional purpose will the vehicle be used?

Intended usage of scooter (comment on proposed destinations and frequency)

*Continued next page...*

Name

File No.

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 access ramps be required?

No

Yes

NOTE: DVA will not fund ramps for scooter access.

Comments

  
  

**16: Storage and maintenance:**

NB: it is the responsibility of the veteran to provide a 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).

Is the area lockable and waterproof?

No

Yes

Does the veteran/carer understand:

Recharging requirements?

No

Yes

General maintenance?

No

Yes

Protocol for repairs?

No

Yes

Will the veteran be provided with a vehicle handbook and local supplies details?

No

Yes

Continued next page...

Name

File No.

Comments


OT Prescriber signature


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Date

/   /
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**Proceed to trial ONLY AFTER being contacted by RAP/OT Advisers**

Name

File No.

# Scooter/EWC Trial form

**Proceed to trial ONLY AFTER being contacted by RAP/OT Advisers**

## Initial Trial Results of Assessment

Date of assessment

**1: Has the veteran operated a scooter/EWC previously?**  No  Yes

**2: Location of trial (please tick):**  
Residence:  Indoors  Outdoors  Storage area  
Community:  Shops  Health site  
 Other

### SCOOTER/ELECTRIC WHEELCHAIR

<b>3: Was the veteran safely able to:</b>	No	Yes	Sometimes	Comments
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"/>
<i>Drive in:</i> Straight line	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Reverse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Turning left & right on cue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
U turn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
3-Point turn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Was a helmet worn during the trial?  No  Yes

Further comments

*Continued next page...*

Name

File No.

**3: Was the veteran safely able to:**  
*continued..*

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

Further comments

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>



Name

File No.

**3: Was the veteran safely able to:**  
*continued..*

	No	Yes	Sometimes	Comments
Judge space and distance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>
Respond in appropriate time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>
Use horn appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>
Remember to turn on/off machine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>
Remain non-distracted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>
Maintain appropriate behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>
Was veteran able to safely transfer on/off vehicle?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>

Comment on attention, concentration, memory, follow directions

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

**4: Is further OT training recommended?**

No  Yes

Comments

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

Name

File No.

**5: Vehicles tested**

*(2 - 3 vehicles should be trialled if practicable)*

	Name	Trial date	Supplier	Cost	Maximum speed of vehicle	Maximum weight of vehicle
1	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/> \$	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/> \$	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/> \$	<input type="text"/>	<input type="text"/>

**6: Vehicles choice at completion of assessment:**

Name

Specifications (e.g. flag)

Helmet details (where applicable)

Reasons for choice

**7: Is the veteran aware of their responsibilities to organise comprehensive insurance for public liability and damage to the vehicle?**

No  Yes

NOTE: Personal Injury Insurance is advisable.

**8: OT Prescriber signature**



Date  /  /