

MOBILITY ASSESSMENT FORM

Name	
------	--

ID No.	
--------	--

DOB	
-----	--

Assessment Date	
-----------------	--

Referral received for:

Blue Badge / Freedom Pass – 100m or 200m / Taxi card / Personalised P Bay / Renewal

Medical Diagnosis/ Description of Disability	Medical information evidenced / Reported by Applicant (delete as appropriate)

Has the disability been medically diagnosed as permanent	YES			
--	-----	--	--	--

NO				
----	--	--	--	--

Has evidence been provided by the applicant	YES			
---	-----	--	--	--

NO				
----	--	--	--	--

Are you having or due to have any of the following in connection with improving your mobility				
Physiotherapy	YES			NO
Hip/Knee Replacement	YES			NO
Heart By-Pass	YES			NO
Regular Hospital Visits	YES			NO
Dialysis	YES			NO

How did you get here today	
Distance Walked	

Do you have any specific joint mobility problems	
--	--

Can you board a bus or train	Unaided	With Difficulty	Not at All
------------------------------	---------	-----------------	------------

How far can you normally walk	
-------------------------------	--

How long does it take you	
---------------------------	--

Does your ability to walk vary	
--------------------------------	--

List any medication brought	
-----------------------------	--

ASSESSOR'S OBSERVATIONS

Factor	Score 0	Score 1	Score 2	Score 3	Comment
Gait	Normal	Asymmetry	Limp	Shuffling Dragging Other	
Severity	None	Slight	Moderate	Severe	
Walking Speed	Normal	Moderately Slow	Slow	Very Slow	
Support	None	Walls Rails Furniture Other person Trolley	Walking stick Single elbow crutch	Zimmer frame Bilateral elbow crutches Assistance of 2 people Wheelchair	
Frequency Used	None	Occasionally	Regularly	At All Times	
Stopping	None	Occasionally	Quite Frequent	Very Frequently	
Resting	None	Occasionally	Quite Frequent	Very Frequently	
Distance Observed Walking Before Difficulty	100m +	81 – 100m	41 – 80m	1 – 40m	
Pain Starts	None	After long distance	After short distance	Constant	
Pain Severity	None	Slight	Moderate	Severe	
Breathlessness	None	Slight	Moderate	Severe	
Recovery	Immediate	1 minute or less	2 / 4 minutes	5 + minutes	
Lower Limb Problems	None	Slight	Moderate	Substantial	
Sitting to Standing Difficulty	None	Slight	Moderate	Substantial	
SCORE					TOTAL

0 – 27 NOT ELIGIBLE

28 – 42 ELIGIBLE

ASSESSOR'S VIEW

SUMMARY

Total Score	
-------------	--

Has the Eligibility Criteria been met	YES		NO	
---------------------------------------	-----	--	----	--

0 – 27 Not Eligible

28 – 42 Eligible

Recommendation of Assessor – Issue Freedom Pass 100 m or 200 m / Taxi card Band 1, 2, 3, 4 / Blue Badge / Renewal	YES		NO	
---	-----	--	----	--

Should the Applicant be reassessed at renewal	YES		NO	
---	-----	--	----	--

If YES, note points to consider	
---------------------------------	--

Mobility Assessor	
-------------------	--

Date	
------	--