Consumer Evaluation
Functional Skills and Limitations

Date	Consumer			
Home address				
Mailing address if **not** home address				Diagnosis
Phone number / E-mail address				
Age	Male ☐	Female ☐	Height	Weight
Home Owner Yes ☐	No - Owner/Manager Phone			

Upper Extremity Function

	Left	Right
a. Functional movement	None ☐ Average ☐ Low ☐	None ☐ Average ☐ Low ☐
b. Strength	None ☐ Average ☐ Low ☐	None ☐ Average ☐ Low ☐
c. Grip/hand use	None ☐ Average ☐ Low ☐	None ☐ Average ☐ Low ☐

Lower Extremity Function

Mobility:

a. Utilize steps	Yes ☐	No ☐	Maximum height
b. Oxygen	Yes ☐	No ☐	Portable ☐ Tubing connected to concentrator ☐
c. Assistive devices			Type/Dimensions
Cane	Yes ☐	No ☐	
Walker	Yes ☐	No ☐	
Wheelchair/Scooter Operate independently	Yes ☐ Yes ☐	No ☐ No ☐	Manual ☐ Power ☐ Scooter ☐ Make/Model Serial # Equipment weight: Controller: Left ☐ Right ☐ Arms: Full length ☐ Desk ☐

Transfers:

a. Bed to wheelchair independently	Yes ☐	No-What assistance is needed and who provides it?	
b. In and out of vehicle and into bathtub/chair independently	Yes ☐	No-What assistance is needed and who provides it?	
c. Fatigue/balance issues	Yes ☐	No ☐	If yes, describe
d. History of falls	Yes ☐	No ☐	If yes, describe injuries, severity, affects

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Vehicle/Driving			
a. Does the consumer drive and/or have a driver's license?	Yes ☐	No-What assistance is needed and who provides it? ☐	
b. Driver evaluation needed	Yes ☐	No ☐	
Vehicle Ownership:			
a. Consumer/family	Yes ☐	No ☐	
b. Guardian	Yes ☐	No ☐	Name/Contact Information
c. Leased	Yes ☐	No ☐	
Vehicle Information:			
a. Make/Model			
b. Year*			
c. Mileage*			
d. *Is mechanic's statement required (4 years or 50,000 miles)	Yes ☐	No ☐	
e. Vehicle Insured	Yes ☐	No ☐	
f. VIN			
g. For new purchase, is family applying for rebate?	Yes ☐	No ☐	
Wheelchair Measurements:			
a. Overall height (floor to head/headrest)			
b. Overall width (outside wheels/base)			
c. Overall length (toes/footplate to back wheel)			
d. Other			
e. Any additional equipment to transport			
Securement System:			
a. Preferred location in vehicle	Side ☐	Back ☐	
b. Tie Downs ☐	Electronic System ☐	Seatbelt ☐	

Notes