



Scooter/Electric Wheelchair Part 1

Medical Questionnaire

Rehabilitation Appliances Program (RAP)

Provider Hotline: **1800 550 457** – choose Option 1 for Aids & Appliances provided under the Rehabilitation Appliances Program (RAP)

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 general practitioner.

Privacy notice

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](#)

Request for Electric Scooter or Electric/Motorised Wheelchair

No action can be taken regarding this request until this form has been completed and returned to the Department, at the address shown on page 3.

General Practitioner's Details

Provider Stamp (if applicable)	Name	<input style="width: 90%;" type="text"/>
	Provider number	<input style="width: 60%;" type="text"/>
	Practice address	<input style="width: 90%;" type="text"/>
		POSTCODE
	Phone number	[<input style="width: 50%;" type="text"/>]
	Fax	[<input style="width: 50%;" type="text"/>]
	E-mail	<input style="width: 90%;" type="text"/>

Veteran Details

Surname	<input style="width: 90%;" type="text"/>
Given name(s)	<input style="width: 90%;" type="text"/>
Date of birth	<input style="width: 50%;" type="text"/> / <input style="width: 50%;" type="text"/> / <input style="width: 50%;" type="text"/>
DVA file number	<input style="width: 90%;" type="text"/>
Card type	<input type="checkbox"/> Gold <input type="checkbox"/> White
Address	<input style="width: 90%;" type="text"/>
	POSTCODE
Home phone number	[<input style="width: 50%;" type="text"/>]
Mobile (if known)	<input style="width: 90%;" type="text"/>
Type of request (tick one box only)	<input type="checkbox"/> Electric Scooter <input type="checkbox"/> Electric/Motorised Wheelchair

NOTE: The Veteran's eligibility for a scooter must be established by DVA as a reduction functional mobility resulting from an Accepted Disability (AD), war related/service illness or injury **before proceeding** with OT assessment.

Veteran name

DVA File number

Medical Assessment of Safe Usage

Clinical Conditions

Please describe all the clinical conditions that affect this veteran's ability to mobilise, in order of effect.

1.
2.
3.
4.
5.
6.

Veteran's General Condition

Visual Acuity R

Visual Acuity L

Field of Vision Normal Abnormal

Is the veteran colourblind? Yes No

Any current eye conditions e.g. ARMD/Glaucoma? Yes No

Is an assessment by an Ophthalmologist required? Yes No

Safe Usage

As electric scooters and wheelchairs are used for mobility on public thoroughfares, the veterans' ability to use the vehicle in a safe manner is very important, as he/she is liable for any damage he/she may cause.

Please list any conditions or personal behaviours (e.g. use of alcohol and/or medications) which may affect their ability to use the electric scooter or wheelchair safely, or react in an emergency situation.

Prognosis

In your opinion is this veteran's mental, visual and/or physical status likely to deteriorate in the near future and thus render him/her unable to use the equipment?

Yes - please give details

No

Driving a Motor Vehicle

Does the veteran drive a motor vehicle? Yes No

Veteran name

DVA File number

Carer Details

Relationship	<input type="text"/>
Age	<input type="text"/>
Health status	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>

Additional Comments

Please provide any additional comments you think may be relevant to this decision

<input type="text"/>
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GP's Recommendation

Do you recommend the provision of an Electric Wheelchair or Electric Scooter to this veteran?

Yes No

GP's name (Please PRINT)

Phone number

Signature

Date

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Please return completed forms to the Department, via email (preferred):

RAPGeneralEnquiries@dva.gov.au

OR post to:

**Department of Veterans' Affairs
GPO Box 9998, Brisbane QLD 4001**

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