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MOBILITY ENQUIRY FORM

There are many variables associated with meeting wheelchair transport needs. The information in this document will assist us in evaluating your needs and providing you with meaningful information.

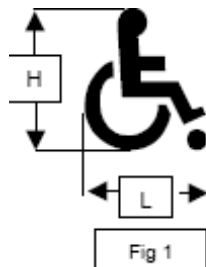
We assure you that all information provided will be treated in the strictest confidence.

SEE FOLLOWING PAGE

HOW TO FILL OUT THIS FORM

1. Open PDF file
2. Fill out document on screen (provide as much detail as possible)
3. Save on to your computer
4. Send back to harry@caddymobility.com.au

Alternatively, print the document, fill it out and fax it back to us.



Note: use the above figure to help you with some of the questions in this document.

CONTACT DETAILS OF PERSON MAKING ENQUIRY

Family Name			
First Name			
Organisation Name (if applicable)			
Contact Position			
Address			
Suburb		Postcode	
Telephone	(Bus)	(After Hours)	
Mobile / Fax		Fax	
Email			

PROFILE OF WHEELCHAIR USER

Vehicle Required For	Self	Partner	Child	Parent	Other
Age Group	Child	Teens	Adult	Elderly	
Type of Disability					

WHEELCHAIR INFORMATION & DIMENSIONS

Wheelchair Type	Manual	Electric	Both Manual & Electric
Make of Wheelchair (if electric) & drive	Front drive	Rear drive	Make:
Max. Overall Height (see Fig 1 'H')	Highest point - top of head or headrest		mm
Overall length (see Fig 1 'L')	Allow for foot overhang and motors, bars etc. at rear		mm
Width to outside of wider wheels	(Please tick) Front	Rear	mm
Width at widest point of chair	Allow for arm rests, tray etc. if required during travel .		mm
Weight (approx combined weight)	Electric wheelchair AND passenger		kg
Is present chair/s suitable for use in vehicles for travel? (eg. adequate back support) (Please tick) Yes	No		
Is the wheelchair specially modified? (special features) (Please tick) Yes	No		
If yes, please give details:			

VEHICLE PARTICULARS & REQUIREMENTS

Vehicle required to take	<input type="checkbox"/> One wheelchair plus	passengers (including driver)
	<input type="checkbox"/> Two wheelchairs plus	passengers (including driver)
	<input type="checkbox"/> Three wheelchairs plus	passengers (including driver)
Preferred vehicle transmission		
Vehicle height for parking		
Air conditioning		
Equipment details	Vehicle must have room for the following item/s in addition to w/chair (eg. ramps, folding hoist, folding shower / commode chair, respirator)	
	Item	Each outing Overnight trips only

ADDITIONAL NOTES

Please add your comments below regarding special requirements