

Int needed? Language:  
Booked

Appointment

**BLUE BADGE ASSESSMENT LOG** *Circle as you go version*

NAME:(Mr/Mrs/Miss/Ms)		CAREFIRST NO.		
PERMANENT MOBILITY ISSUE: YES		NO	Not answered	AGE:
<b>Arthritis</b> Knee(s) /hips /spine TKR Right/Left/Both OA of _____ Osteoporosis/ RA Back pain/ Sciatica	<b>Breathing</b> COPD SOB Emphysema Asthma	<b>Heart</b> Angina/ AF/ IHD Heart Failure/P'maker Stroke /CABG Claudication Diabetes HBP	<b>Neurological</b> Dementia/Alzheimer's Parkinson's Debility/frailty Balance/Vertigo MS	<b>Walking Ability</b> Only walk few paces/ metres/ steps Restricted walking Cannot walk at all
Other/Applicant's comments:				
Does Supermarket(with trolley/support) Public transport (sometimes)		Painful to walk Struggles distances/hills		Recuperating from surgery Awaiting surgery/treatment
DISTANCE: states can walk metres in mins. = approx. m per sec Can continue after short rest: YES / NO Able to walk >5mins in total: YES / NO walks in total mins):				
SPEED . Normal/Moderate Slow Very slow				
WALKING AID W/Stick Rollator Tri-Wheeler Elbow Crutches W/Chair W/Frame Scooter Support from person None				
PROVIDED BY: Self. Healthcare Professional SSD Hospital Red Cross				
GAIT: Normal Adequate Poor Ext.Poor				
BREATHLESSNESS: after walking for more than a few mins YES / NO when hurrying on level ground/up slight hill YES / NO with people own age on level ground YES / NO have to stop for breath at own pace on level ground YES / NO too breathless to leave home, or after dressing YES / NO				
L.C.C INFO: Known to: Blue Badge PIU Reablement OT Red Cross OPAS Prev BB Holder? Yes / No. Prev BB info: Permanent. Pain > Severe /moderate /none Distance (metres). <50m /50-100/< 100 Pace> Slow/v slow. Great/ Increased effort. Poor gait/ unsteady/walking aid				
CF info:				
EDRMS:				
tick if any CF print-outs attached <input type="checkbox"/> prescription attached <input type="checkbox"/> Letter sent for Med info? <input type="checkbox"/>				
MEDICAL PROFESSIONAL INFO: tick if any medical info attached <input type="checkbox"/>				
<b>DECISION:</b> ISSUE DECLINE <b>MADE BY:</b> Desk Top assessment Mobility Assessment ( ) Does the applicant have a permanent and substantial disability which causes inability to walk or very considerable difficulty in walking? YES/NO				
Reason:				

Further assessment required if applies again?

Yes

No

Signed off: \_\_\_\_\_ Date: \_\_\_\_\_