

Blue Badge Mobility Assessment

**Form Details**

Form Start Date:	Worker Name:
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Person Details

Name:	CareFirst ID:
DoB / EDD:	Gender:
Address:	Tel No:

Information Obtained During Assessment**Medical Diagnosis / Description of Disability**

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Has the disability been medically diagnosed as permanent?

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If Other, please give details.

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Has any evidence been provided by the applicant?

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Are you having or due to have any of the following in connection with improving your mobility?

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If 'Other' please specify

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Why have you applied for a Blue Badge?

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Are you able to travel independently?

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If NO, why is assistance needed?

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Do you, or would you be able to use:

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Are you normally a passenger or a driver?

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If a passenger, who would normally drive you?

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Blue Badge Mobility Assessment

Name:	CareFirst ID:
How did you get here today?	
Therapist to note the distance walked by applicant by observing them	
Distance Walked	
How long did it take?	
Were there any stops?	
How long were the stops?	
Is Today a Good Day?	
How far can you normally walk?	
Where do you normally mobilise?	
Is your pace today typical of your normal pace?	
How long does it normally take you to walk the distances you are managing?	
Does your ability to walk vary?	
What proportion of Good / Bad Days do you have in a week?	
Assessors Observations / Applicants Report	

Blue Badge Mobility Assessment

Name:

CareFirst ID:

ASSESORS OBSERVATIONS / APPLICANTS REPORT

Gait (Type and Severity)

Further details, Gait

Walking Speed

Further details, Walking Speed

Support Needed (Walking aid, other person)

Further details, Support needed

Further details, Stops required

Duration of stops

Further details, duration of stops

Breathlessness and breathlessness recovery

Further details, Breathlessness

Distance Covered before difficulty

Pain experienced

Pain relief taken, if any

Blue Badge Mobility Assessment

Name:	CareFirst ID:
Other medication taken	
Recommendation of assessor - badge to be issued?	
Reasons for decision	
Should the applicant be re-assessed at Renewal?	
If YES note points to check	

Completion and Authorisation

Completed By:	Date:
Worker:	
Tel:	
Address:	
Authorisation Comment:	