

NorthCoast Rehab Services

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e: reception@northcoastrehab.com.au: PO Box 397, Yandina QLD 4561



VEHICLE MODIFICATION

Client Details

Name:	DOB:
Address:	
Phone:	Email:
GP Details:	
<u>Funding:</u> <input type="checkbox"/> NDIS <input type="checkbox"/> Private: <input type="checkbox"/> Other:	
<u>NDIS Client:</u> NDIS Provider Number: _____ <input type="checkbox"/> Plan Managed <input type="checkbox"/> Self-managed <input type="checkbox"/> NDIA Managed	
Details to where to send invoice: Are vehicle modifications a part of your current NDIS plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Support Coordinator:	

Client Diagnosis

Diagnosis:
<u>Mobility Status:</u> Mobility Aid: <input type="checkbox"/> Wheelchair <input type="checkbox"/> 4WW <input type="checkbox"/> Walking Stick <input type="checkbox"/> Other:
Wheelchair: Make:
Model:
Walking: <input type="checkbox"/> Yes <input type="checkbox"/> No
Distance:

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Current Driving Status

<input type="checkbox"/> Driver <input type="checkbox"/> Passenger	Current QLD License: <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have your medical condition listed on your license? Yes <input type="checkbox"/> No <input type="checkbox"/>
<u>Driving History:</u> Return to driving: <input type="checkbox"/> Yes <input type="checkbox"/> No Last drive: Transmission: <input type="checkbox"/> Automatic <input type="checkbox"/> Manual	
Current Mods:	

Proposed Modified Vehicle

Make & Model: Year: Odometer:	Owned by client: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Future vehicle
Will you be driving this vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If so, will you be the only driver of the vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No - shared vehicle	
Will you be travelling in your wheelchair? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If so, Does it have a head rest? <input type="checkbox"/> Yes <input type="checkbox"/> No Does it have tie down points? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Docking Pin Has it been crash tested? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Mods "Wishlist":	
Goals – what does the client want the mods to achieve?	
Preferred supplier:	

Comments

Preferred day/s to meet with OT:
