

SRS – CLIENT PRE-APPOINTMENT QUESTIONNAIRE

PLEASE SKIP OVER OR ANSWER "N/A" IF A QUESTION DOES NOT PERTAIN TO YOUR INDIVIDUAL SITUATION

Client Name: _____ Date: _____
Home Phone: _____ Email: _____
Cell Phone: _____ Address: _____
Alt Phone: _____
DOB: _____ Gender: Male ___ Female ___ Height: _____ Weight: _____ Lbs.

1. What is your Medical Condition/Diagnosis? _____
A) If Spinal Cord Injury, what level? _____ When was this diagnosis made? _____
B) Incomplete? ___Yes ___ No
2. Are you currently being treated for this medical condition? ___Yes ___ No; Please list any medications you are currently taking. _____

3. Have you had a seizure in the last 6 months? ___Yes ___ No; If yes, date of seizure _____
4. Do you have a current driver's license or learner's permit that allows you to be evaluated on public streets? ___Yes ___ No; If not, has your license been suspended/revoked or turned into the Medical Advisory Board? ___Yes ___ No;

NOTE: WE WILL NOT SCHEDULE AN APPOINTMENT UNTIL A PERMIT OR LICENSE HAS BEEN OBTAINED

5. Do you currently drive? ___Yes ___ No; If not, when was the last time you drove? _____
6. How many miles per year do you typically drive? _____ miles per year
7. Do you currently use special equipment/have modifications? ___Yes ___ No; If yes, List the brand name and configuration of the equipment: _____
8. Do you have any visual deficits? ___Yes ___ No; If yes, please be specific. _____
9. Do you have double vision? ___Yes ___ No;
10. Have you been diagnosed with homonymous hemianopsia? ___Yes ___ No;
If yes, please provide Humphrey's Field Analysis, if available.
11. Do you have any endurance issues that we need to be aware of? ___Yes ___ No; _____
12. Do you have good control of your arms? ___Yes ___ No; Legs? ___Yes ___ No;
13. Is one side of your body, i.e. arm or leg, stronger than the other?
____ left arm ____ right arm
____ left leg ____ right leg
14. Is your strength good in your hands? ___Yes ___ No; Shoulders? ___Yes ___ No;
15. Can you walk? ___Yes ___ No; If so, how far can you walk at one time? _____
16. Do you use a wheelchair? ___Yes ___ No; Is it a Manual chair ____, or Power chair ___?
17. What is the brand name of the wheelchair? _____
18. Do you have a 3 or 4-wheeled scooter? ___Yes ___ No; Type/Brand _____

