

**STROMMATT REHABILITATION SERVICES, INC.**  
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HOUSTON, TEXAS 77043  
713-722-0667  
713-722-0669 (FAX)  
STROMMATTREHABSERVICES@GMAIL.COM

**Client Pre-Appointment Questionnaire**

1. What is your Medical Condition/Diagnosis? If Spinal Cord Injury, what level?
2. When was this diagnosis made?
3. Are you currently being treated for this medical condition? Please list any medications you are currently taking.
4. Have you had a seizure in the last 6 months?  
If you answered yes, what was the date of the seizure?
5. Do you have a current driver's license or learner's permit that allows you to be evaluated on public streets?  
\_\_\_\_\_ If not, has your license been suspended/revoked or turned into the Medical Advisory Board?  
\_\_\_\_\_ Do you have any outstanding warrants or unpaid tickets? \_\_\_\_\_ **WE WILL NOT SCHEDULE AN APPOINTMENT UNTIL PERMIT OR LICENSE HAS BEEN OBTAINED OR CLEARED OF ANY MONIES OWED.**
6. Do you currently drive?
7. If not, when was the last time that you drove?
8. How many miles per year do you typically drive?
9. Do you use special equipment?  
List the brand name and configuration of the equipment:
10. Do you have any visual deficits? If yes, please be specific. yes no
11. Do you have double vision? yes no
12. Have you been diagnosed with homonymous hemianopsia? yes no  
Please provide Humphrey's Field Analysis if available.
13. Do you have any endurance issues that we need to be aware of?
14. Do you have good control of your arms and legs?
15. Is one side of your body, i.e. arm or leg, stronger than the other?  
 left arm  right arm  
 left leg  right leg
16. Is your strength good in your hands, shoulders, or both? (circle one or more)
17. Can you walk?  
If so, how far can you walk at one time?
18. If not, do you use a wheelchair?  
Is it a manual wheelchair or power wheelchair ?

19. What is the brand name of the wheelchair?
20. Do you have a 3 or 4-wheeled scooter?
21. Can you transfer from wheelchair/scooter to the driver's seat?
22. Does the transfer have to be level surface?
23. Can you get in/out of a SUV/Truck independently?
24. Are you requesting an evaluation due to your vehicle needing modifications or updates?
25. What type of vehicle do you want to drive? Truck, car, van (circle one or more)
26. What type of equipment do you think you need?
27. Do you think you can use the standard steering wheel?
28. If not, do you think you can use a horizontal steering wheel?
29. Do you need mechanical hand controls?  
If so, right side or left side?
30. Do you need a left foot accelerator?
31. What is your date of birth? \_\_\_\_\_ Have you been to our office before? \_\_\_\_\_
32. What is your height? \_\_\_\_\_ weight? \_\_\_\_\_ Sex: Male \_\_\_\_\_ Female \_\_\_\_\_
33. Are there any scheduling restrictions or preferences you have?
34. Funding Source: \_\_\_\_\_ Please check one.  
Self Pay \_\_\_\_\_ private health insurance requires payment at time of services; worker's comp and VA require pre-payment (we do not file health insurance)

***Please print clearly, as this information is used to send quote to counselor***

TWS \_\_\_\_\_ Counselor's name & field office \_\_\_\_\_  
Counselor's phone/fax number \_\_\_\_\_

Strowmatt Rehabilitation Services in a private practice Occupational Therapy Facility that is also licensed as a TEA approved Driving School. As such, we need a physician's referral (for OT licensing purposes), a valid license or permit (to properly evaluate the driver on public streets), and a pre-approved financial coverage. This questionnaire will help us establish your basic functional level and customize the evaluation and training program for you. Thank you for your assistance in this matter. Call if you have any questions.

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Client Name: \_\_\_\_\_

Phone Number(s): (HOME) \_\_\_\_\_

(CELL) \_\_\_\_\_

Address: \_\_\_\_\_

(OTHER) \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_