



FREEDOM WHEELS BIKE CLINIC

APPLICATION FORM

Telephone- (02) 9912 3400 or 1300 663 243
 Fax- (02) 9890 1912
 Address- Locked Bag 2008 Wentworthville NSW 2145 Australia
 E-mail- cda@tadnsw.org.au
 Web site- www.tadnsw.org.au

See Information sheet for assistance with filling in this form

<p><u>CLIENT:</u> Mr / Mrs / Ms / Other _____ Surname: _____ First Name: _____ DOB:/...../..... <input type="checkbox"/> F <input type="checkbox"/> M Home Ph: _____ Work Ph: _____ Mobile Ph: _____ Fax: _____ Organisation: _____ Street:: _____ Town: _____ Postcode: _____ E-mail: _____ Language spoken at home: _____</p>	<p><u>CONTACT:</u> Mr / Mrs / Ms / Other _____ Surname: _____ First Name: _____ Job Title or Role: _____ Details same as client- <input type="checkbox"/> Yes <input type="checkbox"/> No Home Ph: _____ Work Ph: _____ Mobile Ph: _____ Fax: _____ Organisation: _____ Street:: _____ Town: _____ Postcode: _____ E-mail: _____</p>	<p><u>REFERRER:</u> Mr / Mrs / Ms / Other _____ Surname: _____ First Name: _____ Job Title or Role: _____ Home Ph: _____ Work Ph: _____ Mobile Ph: _____ Fax: _____ Organisation: _____ Street:: _____ Town: _____ Postcode: _____ E-mail: _____</p>
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Client Diagnoses/Disability: _____

Significant restrictions in movement at hips/knees/ankles: _____

Recent Surgery/Awaiting Surgery: _____

Please specify back/hip/knee surgery and dates: _____

Cardiac History: _____

Recent Botox/Awaiting Botox: _____

Current Mobility: (tick appropriate box)

- | | |
|---|---|
| <input type="checkbox"/> Wheelchair, manual, self-propelled | <input type="checkbox"/> Wheelchair, manual, attendant propelled |
| <input type="checkbox"/> Wheelchair, electric, self controlled | <input type="checkbox"/> Wheelchair, electric, attendant controlled |
| <input type="checkbox"/> Postural Supports required in wheelchair (please circle relevant supports): pelvic fins/ thoracic fins / headrest / pelvic belt / pommel / molded seating system / harness / other | |
| <input type="checkbox"/> Walks with a frame | <input type="checkbox"/> Walks with a stick |
| | <input type="checkbox"/> Walks unaided |

Transfer ability: (tick appropriate box)

- I can transfer on and off my chair/ wheelchair without hands on assistance
- I can transfer on and off my chair/ wheelchair with a small to moderate amount of assistance
- I require full assistance to transfer on and off my chair/ wheelchair
- I can transfer myself on and off my wheelchair/ chair if the environment is set up correctly for me

Rider Specifics:

Height _____ cm Weight _____ kg Inner Leg Length- from heel to groin in standing _____ cm

Leg length discrepancy: Yes No Details: _____

Wears AFO's, KFO's (knee/foot orthoses) Yes No

Vision- poor moderate normal Cognition and safety awareness- poor moderate average

Behavioural Difficulties- eg biting etc _____

Phobias: _____

Have you ever ridden a bike? Yes No

What problems did you encounter? _____

Is this a request for reassessment of a previously modified bike? Yes No

How did you find out about the bike clinic?: _____

15. Which is your closest major city: (Please tick the most appropriate box for where clinics are currently held. If there is a closer major city not listed please specify AS WELL AS tick the most relevant box)

<input type="checkbox"/> Albury	<input type="checkbox"/> Armidale	<input type="checkbox"/> Bathurst
<input type="checkbox"/> Coffs Harbour	<input type="checkbox"/> Dubbo	<input type="checkbox"/> Gosford
<input type="checkbox"/> Lismore	<input type="checkbox"/> Newcastle	<input type="checkbox"/> Nowra
<input type="checkbox"/> Orange	<input type="checkbox"/> Port Macquarie	<input type="checkbox"/> Sydney
<input type="checkbox"/> Wagga Wagga	<input type="checkbox"/> Wollongong	Other

TADNSW's Consumer Guide and Privacy Policy is available at www.tadnsw.org.au or phone 1300 663 243.

I have read and agree to the terms contained in the TADNSW Consumer Guide and Privacy Policy

Sign: _____ Print Name: _____ Date: _____

On behalf of: _____ (if client unable to sign)

NB: If you sign on behalf of a client you are confirming that the client has been given a copy of the Privacy Policy and Consumer Guide documents.



INFORMATION SHEET

This sheet includes some essential information and will assist you when filling in the application form. Once the form is returned to TAD, a therapist may contact you to discuss your child's medical history with you, and then an appointment will be booked at the next available Freedom Wheels Bike Clinic.

If you are booked into a clinic, the process should take under an hour. The therapist undertakes a brief assessment of sitting balance +/- mobility as appropriate, inner leg and other measurements are checked. Modifications are trialled and the client will test-ride the assessment bike under supervision +/- support as required. When a decision is made for the most suitable modifications, individual specifications are recorded. A quote is provided and once approved and returned to TAD, bike assembly is able to be commenced.

Please:

- Provide legible bike application forms to assist TAD
- Bring AFO's, AKO's (ankle/foot/knee orthoses), and walking aids to the clinic if applicable
- Bring bike helmets to the clinic
- *Note - if hoist transfers are required then the client will generally not be suitable for a TAD bike*
- *Note - if clients' inner leg measurement is <35cm the client will not be suitable for a TAD modified bike*

Notes for filling in Application Form:

Botox: Bike clinic appointments need to be at least one month after botox injections so that appropriate bike prescriptions can be made. Muscle length changes will alter bike specifications.

Movement Restrictions: Please describe any movement restrictions Eg: Tight hamstrings that require regular stretching, stiff joints etc

Surgery: Back/knee/hip surgery +/- dislocation may require GP/orthopaedic approval if relatively recent so please ask your GP/therapist/ phone TAD if unsure

Routine muscle lengthening procedures will need to be at least one month after surgery, please check with your GP/surgeon for clearance

Seizures/Recent Fractures: Any history of these conditions may require approval by your doctor prior to assessment

Infectious diseases: Please be considerate of other clients and siblings and rebook appointment if signs and symptoms of flu / chickenpox / measles / mumps are evident.