

## TAXICARD ADDITIONAL INFORMATION FORM

**Dear Taxi Card Applicant,** In order to assess your needs please complete the following form. This information will help us process your application.

**Please ensure you complete both sides of this form**

Name.....Address.....

Post Code.....

What medications do you take? (Please list the names or attach a copy of your prescription list)

.....

.....

.....

Do you attend a Pain Clinic? Yes / No

If Yes, when was the last time you attended?.....

Do you suffer from panic attacks? Yes / No If yes, please give details

.....

.....

What journeys do you take? (Please tick all relevant boxes)

Visit family/friends

Visit GP

Visit Hospitals

Shopping

Leisure Activities

Church / Temple

Other  Please describe.....

Do you travel to hospitals outside of the borough? Yes / No

How are you getting about at the moment? (Please tick all relevant boxes)

Bus

Train

Taxi

Minicab

Relatives Car

Other

How frequently do you travel? (Please tick all relevant boxes)

1-2 times per week

3-5 times per week

6-7 times per week

More than this  How often?.....

Not at all

Do you receive transport provided by Havering Council's bus/coach fleet? Yes / No

**Please note Havering Council will have no hesitation in prosecuting any fraudulent use of the Taxicard**

Please describe below any problems you have with travelling using your current method:  
 (e.g. location, distance of bus stop/train station, crossing roads, getting on/off transport, medical  
 problems).....  
 .....  
 .....

Do you go out alone? Yes / No

Do you walk outdoors? Yes / No

Do you need someone to assist you? Yes / No

Do you use a wheelchair? Yes /No

Do you use any walking aids? Yes/No

Please describe what walking aids, if any, that you use .....

Have you fallen outdoors in the last 12 months? Yes / No      Please give details.....  
 .....  
 .....

Do you receive help from family and friends? Yes / No  
 (Please tick relevant box)

- |                    |                                       |                                      |                                    |
|--------------------|---------------------------------------|--------------------------------------|------------------------------------|
| Shopping           | Occasionally <input type="checkbox"/> | Once a week <input type="checkbox"/> | More than <input type="checkbox"/> |
| Housework          | Occasionally <input type="checkbox"/> | Once a week <input type="checkbox"/> | More than <input type="checkbox"/> |
| Laundry            | Occasionally <input type="checkbox"/> | Once a week <input type="checkbox"/> | More than <input type="checkbox"/> |
| Pension Collection | Occasionally <input type="checkbox"/> | Once a week <input type="checkbox"/> | More than <input type="checkbox"/> |
| Personal Care      | Occasionally <input type="checkbox"/> | Once a week <input type="checkbox"/> | More than <input type="checkbox"/> |

Do you receive Meals on Wheels? Yes / No

Does the District Nurse visit you? Yes / No      If so, how often? .....

Do you have a Support Worker? Yes / No

Have you had an Occupational Therapy Assessment? Yes / No

Please describe how a Taxi Card would benefit you .....

**Please make sure all questions are completed**

Thank you for your assistance in this matter.

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