

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.

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