**Pre-Assessment Form**

Name:

Address:

Phone number Home: Cell:

Email address:

I am requesting this service for:

Myself

A patient

A loved one

Date of birth:

Visual diagnosis:

Visual measurements (provide optometry/ophthalmology report, if available):

Other related/unrelated health conditions:

Indicate which type of training/service you would like to receive assistance with (mark all that apply):

|  |  |
| --- | --- |
| Visual training | Learning navigation technology |
| Street crossings | Orientation problems (getting lost) |
| Public transportation (bus, metro, rail) | Night travel |
| Paratransit | Winter travel |
| Familiarization of a new environment (hospital, educational setting, moving, new employment) | Cane skills |
| Navigation of complex/unfamiliar environments (hospitals, malls, construction detours, etc.) | Telescope training |

Difficulties encountered (be specific):

Have you previously seen an orientation and mobility specialist?  Yes  No

If so, when?

Current mobility aides used (if any):

Area(s) you would prefer to receive training sessions (mark all that apply). Please indicate the address beside the area marked if not already indicated above; otherwise indicate “neutral”:

Place of residence

Workplace

Educational setting

Commerce

Public transit station

Specific outdoor location

Medical establishment

Other

Neutral

Individual(s) you would like to receive training with:

Relationship to yourself:

Preferred date(s) for service:

Preferred time of day  Morning  Afternoon  Evening

Preferred mode of communication  Phone  email  text

Where did you hear about our services?

Internet search engine (Google, etc.)

Social media (Facebook, Instagram, Twitter, etc.)

Colleague

Friend/family member

Other

**Payment**

Cheque  Cash  Credit card

Visa  Mastercard  American Express

Name on card

Billing address

Card number

CVV

Expiration date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

Please send the completed form to: clients@povsolutions.com