

**Hertfordshire Wheelchair Service**  
**PRE - APPOINTMENT QUESTIONNAIRE**

(For Clients new to the Hertfordshire Wheelchair Service)

We have on record that you do not currently have a wheelchair on issue from Hertfordshire Wheelchair Service. In order to gain the most from your clinical assessment. Please consider the following questions. You can note down your answers but you do not have too as you can discuss your answers in your clinic appointment.

Client Name ..... Date ..... Ref No.....

**What Health conditions / diagnoses do you have and how do they affect your everyday life?**

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**How do you manage to mobilise / walk within your home environment?**

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**What makes a good day for you and what makes a bad day?**

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**What do you hope a wheelchair could do for you?**

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**Who do you see on a daily / weekly basis?**

**What is working well for you in your life that you wish to keep the same?**

**What is not working so well that you would like to change?**

**Please make a list of any health professionals or volunteers that you see on a regular basis or recently in the past 6 months? Please explain how they help / have helped you?**

Client Name ..... Ref No .....