

FOI - Discretionary Blue Badge Applications - 101003988267

CAREFIRST NO: _____

Blue Badge

Desk Based Decision Making Tool

1. What is the applicant's medical condition?

Clinical Reasoning

Pain Relief and Medication

Details of medication/Dosage

Takes as required
Takes regularly

Walking Aids

Type of walking aid used?

How frequently do they use it?

Provided by health care professional
Purchased privately

Surgeries / Treatments planned

No

Yes

What treatment is planned?

When is this scheduled?

Distance / Walking Ability

Distance applicant has reported they can walk

Length of time it takes to walk this distance:

Total distance after rest:

Reports difficulties in the manner of walking (posture, rhythm, coordination, balance and stride)
Details:

Breathlessness

Reports breathlessness
MRC Score from application _____

Has the MRC score been confirmed by
GP/Professional Yes No

Is the applicant on oxygen Yes No

Previous Application Record

Has applicant applied previously?
Yes No

Have you seen previous application records?
Yes No

What has changed since last application?

| | |
|---|--|
| | |
| Evidence or likelihood of variability Details: | Evidence that walking could damage applicants health Details: |

2. Further Information gained from GP or other health professional:

3. Social care/community equipment database (CM2000/CareFirst/BAC-KUS) information obtained:

4. Any other reasoning:

5. Outcome:

| | |
|----------------------------------|--|
| Applicant meets criteria | Award Badge Length of award: <input type="checkbox"/> |
| Applicant does not meet criteria | Decline Badge <input type="checkbox"/> |
| Requires further assessment | Independent mobility assessment <input type="checkbox"/> |

Name of professional completing the desk based tool:

Position: Independent Mobility Assessor, Occupational Therapist

Signature: _____

Date: _____