



Blue Badge
Independent Mobility Assessment Form

Name:			
Date of birth:		Blue Badge Ref:	
Proof of ID:	Drivers Licence	Passport	Other Photographic ID

Has the disability been medically diagnosed as permanent?	Yes		No		Unsure	
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Applicant's description of medical conditions:

Are you having or due to have any of the following?	Comments					
Occupational Therapy	Yes		No			
Physiotherapy	Yes		No			
Cardio / Pulmonary Rehab	Yes		No			
Heart Surgery	Yes		No			
Dialysis	Yes		No			
Frequent Hospital Visits	Yes		No			
Attendance at Falls Clinic	Yes		No			
Attendance at Pain Clinic	Yes		No			

Do you have any problems that affect joint mobility?
Details:

Do you have difficulty standing?
Details

What walking do you undertake / would be able to undertake? How long does it take you?

Do you use a walking aid or use anything else as a mobility aid?

Does your ability to walk vary?

Additional Notes:

If you have had a blue badge before, why was it issued?

How do you think a blue badge would help you / helps you?

Are you able to travel independently? If not, what help do you need?

How did you get here today?

Distance walked?

Are you able to use a Bus/Train independently?

Yes

No

Are you a

Passenger

Driver

If a driver, is vehicle adapted?

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Timed Up and Go Test Form (TUG)

	TUG Time	Comments Including Assistive Device/Walking Aid Used
1		
2		
3		
Average		

Factor	Score 0	Score 1	Score 2	Score 3	Comment
Observed Gait	Normal	Asymmetrical	Limp	Extreme Gait Pattern	
Observed Impact On Mobility	None	Slight	Moderate	Severe	
Walking Speed	Normal	Moderately Slow	Slow	Very Slow	
Support	None	Furniture Worktops Other	Walls Rails Person	Two People	O R
Frequency Use	None	Occasionally	Regularly	At all Times	O R
Equipment	None	One Walking Stick	Two Walking Sticks	Crutches Rollator Zimmer Artificial Leg Wheelchair	O R
Frequency Use	None	Occasionally	Regularly	At all Times	O R
Stopping	None	1-3 times in 100m Or Every 40m or more	4-5 times in 100m Or Every 10-40m	6 + times in 100m Or Every 10m or less	O R
Duration of Observed Stop/s	None	0-30 seconds	30 – 60 seconds	60+ seconds	

Distance Reported Walking Before Difficulty	100m+	81-100m	41-80m	1-40m	
Pain Starts	None	After long distance Over 50m	After short distance 0-50m	Constant	R
Pain Severity	None (Zero)	Slight (1-3)	Moderate (4-7)	Severe (8-10)	R
Breathlessness	None (Zero)	Slight (1-2)	Moderate (3)	Severe (4-5)	O R MRC Grade: ()
Breathlessness Recovery	None	Less than 2 Mins	2-3 mins	5+ mins	O R
Lower Limb Problems	None	Slight	Moderate	Severe	
Sit to Stand Transfer	None	Slight Slow	Moderate Uses Aids/arms	Substantial Needs Assistance	O R
Sub-Total Score					

Additional Discretionary Points

Factor	Score Max 3 each section	Comment
Fatigue		
Balance Problems		
Extreme Breathlessness		
Other Factors	Max 24	

Total Score		
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Additional Comments:

SUMMARY

Score:

0 – 23 Not Eligible 24 - 48 Eligible

Has the Eligibility Criteria been met?	Yes		No	
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Badge to be issued?	Yes		No	
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Three Year Badge Award		One Year Badge Award	
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Independent Mobility Assessor	Name:	Date:
	Signature:	

