



APPLICATION FORM: DISABLED DISC

- R100.00 APPLICATION FEE
- X2 ID PHOTO'S OF APPLICANT
- ID BOOK / BIRTH CERTIFICATE / FOREIGN ID DOCUMENT

PARTICULARS OF APPLICANT

A

Identification number

Nationality

Surname

Initials and first names

Street address

Postal code

Telephone number during day

PARTICULARS OF MEDICAL PRACTITIONER / OCCUPATIONAL THERAPIST

B

Health Professions council of SA Registration No

Surname

Initials and first names

Street address

Postal code

Telephone number during day

Please answer the following questions regarding your patient:

Is the patients mobility severely impaired? ☐ YES OR ☐ NO If Yes, please explain the condition: _____

Do you recommend a: **Temporary Disabled disc** ☐ or **Permanent Disabled disc** ☐

Does the patient use any other mobility aids? ☐ YES or ☐ NO If Yes, please name: _____

Is the patient able to transfer in and out of the car independently? If Yes, please state why the patient requires a parking exemption if he/she can navigate his/her own way: _____

DECLARATION:

I, declare that all the particulars furnished by me on this form are true and correct.

Signature: _____

Date: _____

Official Practice stamp

MOBILITY EVALUATION FOR DISABLED PARKING DISC APPLICATION

City of Cape Town

To be completed by a treating Medical Practitioner and/or Occupational Therapist in conjunction with the application form.

Applicant name: _____ Date of assessment: _____

Please refer to the City of Cape Town eligibility guidelines to aid in decision making process

MEDICAL HISTORY	
Date & cause of injury/incident:	
Congenital or birth injuries:	
Brief medical history (relating to mobility)	
Potential for recovery or changes in mobility <i>Consider whether disc use will be permanent or temporary</i>	
Other symptoms that affect mobility e.g. breathlessness, pain, fatigue, sensory loss	

MOBILITY	
General Mobility (indicate the person's mobility status) <input type="checkbox"/> Walking <input type="checkbox"/> Wheelchair user (manual/electric/scooter/buggy/pram) <input type="checkbox"/> Both <input type="checkbox"/> Walks holding on to person	Other devices or equipment used: <input type="checkbox"/> Prosthesis/Leg brace/AFO <input type="checkbox"/> 1 2 Crutches (please circle) <input type="checkbox"/> 2 3 4 Wheel walker (please circle) <input type="checkbox"/> 4 legged rigid / foldable walker <input type="checkbox"/> Walking stick-quadrupod
Mobility at home <input type="checkbox"/> Walking <input type="checkbox"/> Wheelchair user	Mobility for longer distances <input type="checkbox"/> Walking <input type="checkbox"/> Wheelchair user

FUNCTIONAL ASSISTANCE			
Walking <input type="checkbox"/> Independent <input type="checkbox"/> With assistance	Wheelchair user <input type="checkbox"/> Independent <input type="checkbox"/> With assistance	Transfer in/out of vehicle <input type="checkbox"/> Independent <input type="checkbox"/> With assistance	Storage of device <input type="checkbox"/> Back seat <input type="checkbox"/> Front passenger seat
		Assistance to retrieve device <input type="checkbox"/> Independent <input type="checkbox"/> with help	<input type="checkbox"/> Boot <input type="checkbox"/> Top of car <input type="checkbox"/> Storage device at back of car

Mobility aids used during assessment:			
Self-description of walking - ask the person about their walking <input type="checkbox"/> Normal <input type="checkbox"/> Adequate <input type="checkbox"/> Poor <input type="checkbox"/> Extremely poor	<input type="checkbox"/> Normal <input type="checkbox"/> Adequate <input type="checkbox"/> Poor <input type="checkbox"/> Extremely poor	Observed walking - as entering the consultation room <input type="checkbox"/> Normal <input type="checkbox"/> Adequate <input type="checkbox"/> Poor <input type="checkbox"/> Extremely poor	<input type="checkbox"/> Normal <input type="checkbox"/> Adequate <input type="checkbox"/> Poor <input type="checkbox"/> Extremely poor

FINAL RECOMMENDATIONS		
Qualifies for		
<input type="checkbox"/> Permanent disc <input type="checkbox"/> Temporary disc	<input type="checkbox"/> Does not qualify - denied	
Comments:		
Completed by (Full name) Signature		HPCSA Number: