Aspire Canterbury Total Mobility Taxi Discount Card
Pre-Assessment Medical Form

For use by Health Practitioners only

Please provide the below information to enable us to assess an individual's eligibility for this scheme. If they meet the criteria, we will contact the applicant directly using the information you have provided.
Note: A head-and-shoulders photograph is required; providing one now will streamline the application.

Applicant Details

First name (s):

Surname: NHI:

Date of Birth: Ethnicity:

Phone: Email:

Address: Suburb:

Secondary Contact:

An eligible person must have an impairment that prevents them from undertaking any one or more of the defined components of a journey unaccompanied, on a bus, train or ferry in a safe and dignified manner for SIX MONTHS OR MORE)

Can the applicant do the following independently in a safe and dignified manner?	**Yes**	**No**
• Get to or from the nearest public transport stop or station without assistance	☐	☐
• Stand and wait without assistance for public transport (where there is no seat)	☐	☐
• Get on or off public transport without assistance	☐	☐
• Handle money without assistance	☐	☐
• Travel securely on public transport	☐	☐
• Travel on public transport without becoming confused and anxious	☐	☐

If "NO" to any of the above tasks please provide a brief outline of the relevant impairment.

I confirm that the condition will last longer than 6 Months ☐

Practitioner's Signature:

Date:

E: totalmobility@aspirecanterbury.org.nz or,
send the referral via ERMS as a Disability Support Service Referral

HEALTH PRACTITIONERS
STAMP/ESIGNATURE

www.aspirecanterbury.co.nz
totalmobility@aspirecanterbury.org.nz | 03 366 6189
Braintree Wellness Centre, 70 Langdons Road, Papanui, 8053