

Medical Professional Questionnaire for SMART ADA Paratransit Eligibility

Part 2.- Applicant Fill Out and Sign Page 1 (Medical Professional Release).

Date: _____

Dear _____,
(Medical professional)

I, _____, have asked SMART to determine my
(Applicant's name)
eligibility to use their SMART Fixed-Route buses or their SMART Dial-A-Ride paratransit service.

HIPAA Statement: I understand that I may refuse to sign this authorization and that my refusal to sign will not affect my ability to obtain health care treatment from you. However, it may impact the ability of SMART to determine my eligibility for paratransit services. I understand that I may cancel this authorization in writing at any time. The cancellation will not affect any information that you disclosed prior to cancellation. This authorization will expire one year from the date of this letter. I understand that the information released may be subject to re-disclosure and no longer protected under federal and state law.

Signature of patient or legal representative

Contact number

Relationship to patient (if applicable)

If I revoke this authorization, I will send a written request with a copy of this form to you at the address below.

Mail To:

**SMART
ATTN: Transit Supervisor
29799 SW Town Center Loop E.
Wilsonville, OR 97070**

If you have any questions or need assistance in completing the application, please contact us at **(503) 682-7790**.

Name: _____ /_____/_____
 First Middle Initial Last D.O.B

4. Please answer the following by marking “yes”, “no”, or “unsure”, if your patient does/does not have "functional limitation(s)" that may make it difficult or prevents them from using SMART Fixed-Route buses:

<u>PHYSICAL ABILITIES: Is patient within normal limits for:</u>	YES	NO	N/A Unsure
Walking speed – <i>is not unusually fast or slow</i>			
Walking distance – <i>is able to ambulate one-quarter mile</i>			
Endurance – <i>is able to safely and independently complete a bus trip</i>			
Coordination and balance – <i>is stable, does not present a fall risk</i>			
Strength – <i>is strong enough for safe, independent travel</i>			
Gait – <i>is normal, without hindrance or disturbance affecting travel</i>			
Range of motion – <i>doesn't present ambulation difficulties affecting travel</i>			
Dexterity – <i>does not present ambulation difficulties affecting travel</i>			
Climbing steps – <i>can the patient independently climb three 12" steps?</i>			
Waiting outside – <i>can patient wait independently outside for 10 min?</i>			
Mobility aids – <i>is the patient proficient in using their mobility aids?</i>			

<u>SENSORY FUNCTIONS: Is the patient:</u>	YES	NO	N/A Unsure
Oriented and aware of their personal space?			
Able to detect changes on surfaces (<i>tactile</i>)?			
Able to detect environmental cues (<i>seeing, hearing, feeling</i>)?			
Visual acuity with best correction: (<i>if information is available</i>) Right eye: _____ Left eye: _____ Both eyes: _____			
Visual Fields: Right eye: _____ Left eye: _____ Both eyes: _____			

<u>COGNITIVE ABILITIES: Does the patient possess:</u>	YES	NO	N/A Unsure
Orientation skills – <i>ability to orient oneself to person/place/thing?</i>			
Judgment/safety skills – <i>adequate for safe, independent travel?</i>			
Problem solving skills – <i>adequate for safe, independent travel?</i>			
Coping skills – <i>adequate for safe, independent travel?</i>			
Short-term memory – <i>adequate for safe, independent travel?</i>			
Long-term memory – <i>adequate for safe, independent travel?</i>			
Attention to task – <i>adequate for safe, independent travel?</i>			
Public behavior – <i>able to maintain appropriate behavior in public setting?</i>			
Wayfinding skills – <i>adequate for safe, independent travel?</i>			
Communication skills – <i>adequate for safe, independent travel?</i>			
Ability to recognize and respond to dangerous situations?			
Ability to deal with unexpected situations or changes without assistance?			
Ability to provide or say street address and telephone number upon request?			
Ability to recognize destination or landmarks?			
Ability to ask for, understand, and follow directions?			
Ability to safely and effectively travel through crowded or complex facilities?			

