MyRide Jonesborough Screening Questionnaire

MyRide TN
JONESBOROUGH

Date:	Person Screening:
Caller's Name:	
Caller's Phone Number:	
Caller's Relationship to Client:	
How did the client/caller hear about the program?	

Client's Name:	Client's Address:
Client's Date of Birth/Age:	
What county does the client reside in?	Client's Phone Number:
Does the client have limitations that prevent them from participating in social activities?	
Has the client fallen in the past three months?	If yes, injury?

Indicate which of the following conditions/diagnoses the client currently has/is being treated for:

Diabetes		Contagious Disease	
Breathing Disorder (O2 dependent)		Multiple Sclerosis	
Heart Disease/problem		Epilepsy	
Hypertension		Incontinence	
Stroke		Bleeding Disorder	
Cancer		Parkinson Disease	
Intellectual Developmental Disability			
Alzheimer Disease/dementia			
Anxiety disorder		Any other, not mentioned above, that the driver would need to know about?	
Depression			
Manic Depression (bipolar)			
Schizophrenia			

Can the client express basic needs and wants?

Does the client have any mobility issues (musculoskeletal)?

Can the client understand and follow simple instructions?

How many days per week does the client have problems understanding others?

Is the client oriented to person, place, time?

During the past 7 days was the client able to TRANSFER/GET AROUND THE HOUSE without help?

Is the client able to manage money without any help?

Does the client have difficulties keeping his/her home free from pests that could be harmful?

Does the client have pets/animals that are a danger to the driver during pick up/drop off?

Does the client exhibit any evidence of combative, abusive or hostile behavior?