



Neighbors Driving Neighbors

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Rider Information

AR updated ____/____/____
Google contact done

Date of initial contact _____

First name: _____ Last Name: _____

Address: _____

Phone: _____ Date of Birth: _____

Email address: _____

How do you currently get to appointments, shopping etc.? _____

Do you need assistance getting from the house to the car? ____ yes ____ no

Do you have any medical conditions or handicaps that we should be aware of?

____ yes ____ no. If yes, please describe _____

Do you have any problems with hearing or vision? ____ yes ____ no. If yes, please describe: _____

Do you use a _____ walker _____ wheelchair _____ cane _____ oxygen or any other adaptive /assistive device _____ If yes, please describe:

How many times have you fallen in the last 12 months? _____

Will you have a cellphone with you? ____ yes ____ no. Number: _____

Do you live alone? ____ yes ____ no

If yes, do you have a caregiver? ____ yes ____ no. If yes, provide info below:

Caregiver Name: _____ Caregiver phone: _____

If no, who else is in your household? _____

Who should we contact if an emergency occurs while we are driving you?

Name: _____ Phone: _____

Address: _____

Relationship: _____

Who is your primary care provider?

Name: _____ Phone: _____

Address: _____

Do you smoke? ____ yes ____ no

Are you allergic to pet hair or fragrances? ____ yes ____ no, If yes, circle which.

How did you learn about our program? _____

Do you consider yourself low-income? ____ yes ____ no

Do you have a handicapped placard from the DMV? ____ yes ____ no
If no, if you need one, are you willing to apply for one? ____ yes ____ no

Directions to/description of your home: _____

Interviewer Notes

Interviewer _____ Date _____