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| **DEPARTMENT OF HEALTH SERVICES**Division of Public HealthF-01642 (07/2016) | **STATE OF WISCONSIN** |
| **ORIENTATION AND MOBILITY (O&M) SCREENINGOffice for the Blind and Visually Impaired (OBVI)** |
| Consumer Name (Last, First, Middle) | Date |
|       |       |
| Rehabilitation Specialist (RS) / Rehabilitation Specialist Associate (RSA) Name |
|       |
| Diagnosis / Medical Condition(s) |
|       |
| Level of Vision |
|       |
| **Consumer Prior Training Details**  |
| Location: |       |
| Areas of Training Covered: |       |
| Other: |       |
| **Current O&M Skills**   |
| Mobility Tool Used: |       |
| Cane/Type/Length: |       |
| Walker/Rollater: |       |
| Wheelchair/Motorized: |       |
| Other: |       |
| Other: |       |
| **Environmental Features**   |
| Barriers in the Home: (e.g., stairs approaching home, outside) |       |
| Railing/Stairs: |       |
| Flooring, Wood, Carpet, Tile: |       |
| Other: |       |
| Other: |       |

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| **Perceived Need for O&M**   |
|       |
| **Risk Assessment**   |
| Balance Coordination: |       |
| Cognitive Issue: |       |
| Emotional Issue: (e.g., anxiety) |       |
| Other: |       |
| Other: |       |
| **Transportation**   |
| Family/Friends: |       |
| Bus: |       |
| Paratransit: |       |
| Other: |       |
| Other: |       |
| **Consumer Goals**   |
|       |