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| **DEPARTMENT OF HEALTH SERVICES**  Division of Public Health  F-01642 (07/2016) | | **STATE OF WISCONSIN** | |
| **ORIENTATION AND MOBILITY (O&M) SCREENING Office 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: |  | | |

|  |  |
| --- | --- |
| **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** | |
|  | |