

**~VA INTAKE FORM ~**

**HIGH TECH MOBILITY**

**141 Church Ave Hueytown AL 35023 205.491.2109 Off. 205.491.7772 Fax**

VA Case Number \_\_\_\_\_ High Tech Job Number \_\_\_\_\_  
Date Of Referral \_\_\_\_\_ Referred By \_\_\_\_\_

**INDIVIDUAL'S INFORMATION**

Name \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_  
Sex \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_  
Type Of Wheelchair \_\_\_\_\_ Type Of Scooter \_\_\_\_\_  
Type Of Lift \_\_\_\_\_ Type Of Hand Controls: \_\_\_\_\_

**DISABILITY INFORMATION**

Description Or Nature Of Disability \_\_\_\_\_  
Treating Physicians Information \_\_\_\_\_  
Dr. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_

**VEHICLE INFORMATION**

Vehicle Type \_\_\_\_\_ Vehicle Make \_\_\_\_\_  
Vehicle Model \_\_\_\_\_ Year Of Vehicle \_\_\_\_\_

**VA CASE MANAGER**

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email \_\_\_\_\_

**SPECIAL INSTRUCTIONS / ADDITIONAL INFORMATION THAT HIGH TECH MOBILITY SHOULD BE MADE AWARE OF:**

Empty box for special instructions.

