

Mobility

We will all likely need some sort of assistance with mobility over the course of our lives. Most of our loved ones with rare epilepsy will also require assistance during certain situations and/or assistance at some point in their lives as gait issues develop, and some may require 100% mobility assistance. Families adapt their homes and lives to accommodate their loved one with rare epilepsy to ensure they are able to move about as freely and safely as possible (please refer to the [Safety](#) section of this C.A.R.E. Binder for more information).

TIP: Some of our loved ones have the ability to move around independently; however, may still use a wheelchair during certain situations such as going out in public. This may be to maintain safety for our loved one or to control their behavior. Make sure you include details in the section below.

Things always seem to be changing with our loved ones; therefore, feel free to come back to this form and update anytime you feel the need.

Check all that apply:

☐ My child requires walking assistance for short distances (around the house)

☐ My child requires assistance walking up/down the stairs

☐ My child requires assistance when walking on surfaces that are not level

☐ My child requires walking assistance for longer distances/walking outdoors

☐ My child requires a wheelchair or other adaptive equipment

☐ My child requires a wheelchair only for certain situations (such as after a seizure) —details noted below.

My child uses the following mobility support:

☐ Adaptive stroller ☐ Other equipment:

☐ Walker ☐ Other equipment:

☐ Wheelchair ☐ Other equipment:

TIP: Please refer to the [Medical Equipment](#) section of this C.A.R.E. Binder for a full list of equipment required with details on who provides the equipment and how it is funded.

☐ An adapted vehicle/van is used to transport my child

☐ Our family provides 100% of my child's transportation needs

Other transportation providers

(Note: additional transportation details for Day Program activities are noted in the [Day Programs](#) section of this C.A.R.E. Binder.)

☐ My child takes a bus to school. Provide details below:

☐ Other transportation. Provide details below:

Daily Mobility Routine

Use the space below to describe your loved one’s daily mobility routine. Consider details that help your loved one move safely around inside your home and outside the home. What are all the different mobility tools you use daily? Describe how you transport your loved one with rare epilepsy to school, doctor’s appointments, family outings or other activities that require transportation. Having this detailed information documented will be important for those assisting with the care of your child to provide the same level of thoughtful care that you do on a daily basis.

Use the space below to provide pictures of your loved one in action:

Optional:
Upload Photo Here

Optional:
Upload Photo Here

Optional:
Upload Photo Here

Optional:
Upload Photo Here

Optional:
Upload Photo Here

Optional:
Upload Photo Here