

# Pre-Trial Assessment Form



## How to use this form

Before filling out – 'Save As', re-name form (E.g. First Name/Surname/Date/Form Title) and save to your desktop.  
Open the form from your desktop, fill in form and SAVE.

Once complete and saved – go back to email and reply/send to [service@omeotechnology.com](mailto:service@omeotechnology.com) and attach the form from your desktop to the email, add subject/body email & SEND.

**This form is to be filled out by an Authorised Omeo Agent and the potential Omeo Customer.**

Customer:

Omeo Agent:

Customer email address/phone number:

Partner/Support person:

Health Professional:

Date of assessment:

Funded:  ACC (NZ)  NDIS (AUST)  Private  Other:

Condition:

Date of Injury/Diagnosis:

Prognosis:

Weight: >40kg and <110kg:  Yes  No

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## Some Quick Questions

1. How did you learn about the Omeo?

Social Media  Friend Referral  Other:

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2. Have you seen the Omeo YouTube videos or User Materials?  Yes  No

If No - please recommend that the Customer views Omeo User Materials and also email them the links to view

If Yes - What's appealing about the Omeo for you?

3. Often our safest, happiest and most competent users of the Omeo are those who use it regularly in areas and ways they enjoy. Knowing a bit about your lifestyle and what you want to use the Omeo for will help us assist you successfully incorporate the Omeo into your daily life.

	Current Activities	How do you see yourself using the Omeo?
Family		
Social		
Recreational		
Employment/Study		

4. You need to maintain total control of the Omeo at all times to fully and safely enjoy its features and benefits. It would be beneficial for us to know if and how the following may affect you so that we can help you decide if the Omeo is right for you.

*Please rate the below as N/A (not applicable), or Level 1 (low) to Level 5 (high)*

Nature	Level	Comments
Pain		
Spasm		
Fatigue		
Seizures		

5. Please note your biomechanical range of motion and strength for:

*Please rate the below as N/A (not applicable), or Level 1 (low) to Level 5 (high)*

	Range	Strength	Comments
Hands			
Arms			
Trunk			
Legs			
Neck			

There will be times when the Omeo needs to be maneuvered without a rider. For example, in order to position it for successful transfers, charging the batteries, safe storage and/or transportation in vehicles.

**6. What challenges do you foresee in maneuvering the Omeo?**

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**7. How will you transport your Omeo?**

Not Applicable       Private Vehicle       Public Transport

**If applicable** - What means of on-boarding the Omeo do you have?

Hoist       Ramps       Other:

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**8. Are you aware of the accessibility and tie down rules (on public transport) in your area?**

Yes       No

**Note:** You are responsible for operating the Omeo within the rules of your jurisdiction.

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**9. Do you have a support person to help you learn to use the Omeo?**

Yes       No

**If you ticked yes:**

a. What is their relationship to you?

Partner       Staff       Extended Family       Other:

b. Will your support person be available at the trial, delivery & training?

Yes       No

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On delivery of your Omeo you will receive free training for up to 3 hours. This is the start of your journey learning to be a confident, competent, safe and responsible user. Everybody learns at their own pace and it is important for me as your agent to understand your training and learning needs. Additional coaching is available.

**10. Do you foresee any barriers or potential challenges to owning or operating an Omeo?**

Yes       No *(Please comment below)*

**Any other comments**

Thank you for your assistance completing this assessment. I hope you found this as useful as I did.

We really want to ensure that the Omeo is right for you so that you can go on to fully experience the freedom, independence, joy and adventure it offers.

I will email you a copy of this assessment. Please review, amend or update as necessary and return to me. We can then arrange the trial and place your order. We strongly recommend for your safety and pleasure that you have a trial and undertake the training provided.

I look forward to being of service to you.

**Customer Name:** \_\_\_\_\_

**Customer Signature:** \_\_\_\_\_

**Omeo Agent Name:** \_\_\_\_\_

**Omeo Agent Signature:** \_\_\_\_\_

**Date Carried Out:** \_\_\_\_\_

# Trial Assessment Form



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**This form is to filled out by an AUTHORISED OMEO AGENT ONLY.**

This is the Omeo Agent's assessment of a trialist's potential to go on to be a competent, safe and responsible user.

Customer:

Omeo Agent:

## Agent's perception of the trialist's competency to operate

Good Upper Body Strength	<input type="radio"/> Yes	<input type="radio"/> No
Good Strength in Arms	<input type="radio"/> Yes	<input type="radio"/> No
Good Hand Function	<input type="radio"/> Yes	<input type="radio"/> No
Able to turn neck easily	<input type="radio"/> Yes	<input type="radio"/> No
Good Concentration	<input type="radio"/> Yes	<input type="radio"/> No
Knowledge of Omeo functionality	<input type="radio"/> Yes	<input type="radio"/> No
Confident	<input type="radio"/> Yes	<input type="radio"/> No
Can maintain the Omeo	<input type="radio"/> Yes	<input type="radio"/> No
Can use nominated form of own Transport	<input type="radio"/> Yes	<input type="radio"/> No
Can change the wheels of the Omeo	<input type="radio"/> Yes	<input type="radio"/> No

## Trial Evaluation

Effectively demonstrates stopping in all situations, including emergency situations	<input type="radio"/> Yes	<input type="radio"/> No
Understands seat steer	<input type="radio"/> Yes	<input type="radio"/> No
Understands seat tip	<input type="radio"/> Yes	<input type="radio"/> No
Can activate Safety Shutdown in less than 8 seconds	<input type="radio"/> Yes	<input type="radio"/> No

LOW → HIGH

<b>Cognitive Ability</b>	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10
<b>Physical Ability</b>	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10
<b>Emotive Stability</b>	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10
<b>Fall Resilience</b>	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10
<b>Overall Resilience</b>	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10

**Within the operator weight limitations (>40kg & <110kg):**  Yes  No

**Left or Right hand controls:**  Left  Right

**Currently uses:** *(please tick as many as appropriate)*

Walking Sticks  Walking Frame  Manual Chair  Electric Wheelchair

**Transfers:**  Standing  Transfer Board  Hoist  Assisted

**Support Method:**  Independent  Assisted  Spotters

**Will require further training:**  Yes  No

**Agent's Comments:**

**Omeo Agent Signature:** \_\_\_\_\_

**Date Carried Out:** \_\_\_\_\_