



# CoastalRehab

— Integrity, Experience, Independence —

## OT DRIVER ASSESSMENT REFERRAL

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Next of Kin / Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**Referring Doctor:** \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Referral: \_\_\_\_\_

**General Practitioner (GP):** \_\_\_\_\_

Practice: \_\_\_\_\_ Phone: \_\_\_\_\_

**Type of Assessment Requested:**      Off Road Only                      Off and On Road  
**Urgency of Referral:**                      ASAP                                      Can be placed on waiting list

**Medical History** *(Please attach Health Summary, Specialist Report/s or Discharge Summary)*

Diagnosis: \_\_\_\_\_

**Reason for Referral:** \_\_\_\_\_

(Concerns raised by family / Reduced health status / Reports of recent accidents / Show cause notice)

Vision recently tested:      Yes                      No *(Ophthalmology reports requested if appropriate)*

### **Current functional Status:**

Cognition: \_\_\_\_\_

Physical: \_\_\_\_\_

Attitude towards assessment:      Understanding / Compliant      Resistant      Hostile

***A current Drivers Licence and Medical Certificate for Motor Vehicle Driver Form F3712 must be held by the client undergoing assessment.***

### **Driving History:**

Drivers Licence:      Yes / No      Licence No: \_\_\_\_\_      Expiry Date: \_\_\_\_\_

**OR** Licensing / F3712 lodgment process underway:      Yes      No

Licence Conditions: \_\_\_\_\_

Assessment Vehicle Requirements:      Manual      Automatic Modification/s: \_\_\_\_\_

Further details or comments: \_\_\_\_\_

Doctor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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