



CoastalRehab

— Integrity, Experience, Independence —

**OT DRIVER ASSESSMENT REFERRAL**

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

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

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

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

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

General Practitioner: \_\_\_\_\_

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

Type of Assessment Required:     Off and On Road     Off Road Only  
Urgency of Referral:                 ASAP                                 Can be placed on a 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)

**Current functional Status:**

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

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

Attitude towards assessment:     Understanding / Compliant     Resistant                         Unreceptive

**Driving History:**

QLD Drivers Licence:    Licence No: \_\_\_\_\_    Expiry: \_\_\_\_\_

Medical Certificate for Motor Vehicle Driver Form (F3712) must be held by all clients undergoing assessment:  
*An **interim** medical certificate stating it is for 'the purpose of OT driving assessment only' is recommended with approximately 3 months validity. Please send a copy with this referral form.*

Lodgement Process for F3712:    Underway:     Yes     No                        Lodged:     Yes     No

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

Assessment Vehicle Requirements:     Manual     Automatic

**Vehicle Modifications**

Currently in place *(provide details):* \_\_\_\_\_  
 To be assessed

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

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

Practice Stamp:

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

Fax: \_\_\_\_\_

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

Signature: \_\_\_\_\_

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

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