## Referral to Occupational Therapy Driving Assessment

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| Driving Assessment referrals are managed by Alliance Rehabilitation, email to [reception@alliancerehab.com.au](mailto:reception@alliancerehab.com.au)  **N.B** Referral must be in PDF format. Referral form is required for collection of demographic data and to identify if rehab episode is required concurrent to driving referral. |

**Participant Details**

URN: Sex:  Male  Female

Family name: Phone (Home):

Given name: Phone (Work):

Address: Email Address:

Date of Birth: Country of Birth:

Discharge Information (if different to above)

Address: Phone (Best):

Aboriginal/Torres Strait Islander Status:

N/A  Aboriginal  Torres Strait Islander  Both Aboriginal and Torres Strait Islander

**Key Contacts:**

**General Practitioner:**

Full Name: Phone (Work):

Practice Name: Fax (Work):

**Emergency Contact / NOK:**

Full Name: Phone (Best):

**Driving Assessment Risk Screening:**To assist us in managing the referral, please complete the following checklist: If multiple factors are identified, please contact Alliance Rehabilitation Driver Assessment Occupational Therapist BEFORE completing this referral.

Co morbidity of the following diagnoses as per evidence/Austroads Fitness to Drive Guidelines (2016):

Dementia >24 months  Post intracranial surgery

Parkinson’s disease  Significant acquired brain injury

Epilepsy  Multiple sclerosis

NIDDM or IDDM  Cardiac arrest with chance of recurrence or

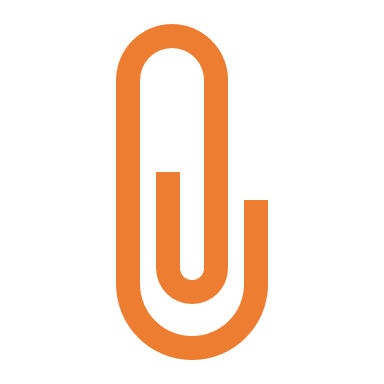
Recent stroke or TIA other heart condition

Attention deficits or Autism spectrum disorder (please circle)

Any history of syncope / blackouts

Significant mental health conditions impacting cognition, concentration, attention

Use of Benzodiazepines or Tricyclic antidepressants

 Please attach list of current medications

**Licence Details**

Licence Type:

Licence Number: Expiry Date:

Vehicle/s Driven:

**Assessment Vehicle Requirements:**

Manual  Automatic

*- Please encourage participant to be assessed in the vehicle they usually drive and not related to category*

**Licence Conditions**

Current Licence Conditions:

A (auto only)  S (spectacles to be worn)  V (vehicle modifications)  M (medical condition)  Other

If Medical condition exists, what is the current medical certificate expiry date:

**Behaviour**

Are there any concerns regarding the client’s ability to control anger/emotions?:  Yes  No

Attitude toward assessment:  Understanding  Compliant  Resistant  Hostile

**Medical History**

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| Diagnosis/Date of Onset: |

**Physical**

Impaired  not impaired

Yes, Modifications likely  No, modifications are not likely

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| Details if known: |

**Vision**

Impaired  not impaired

Yes, Assessment required  No, an assessment is not required

Participant informed computerised perimetry assessment / visual acuity and visual field testing by ophthalmology is required for all Occ. Therapy Driving Assessments.

**Cognition**

Impaired  not impaired

Please see below for further information.

**Cognitive Screening / Neuropsychology Assessment**

**Occupational Therapy cognitive screening required & adequate for on road assessment to proceed**. (If concerns are identified this will be escalated to referring Dr or Neuropsychologist for further consideration prior to proceeding).

OR//

**Neuropsychology Assessment required PRIOR to proceeding with on road assessment**. Please include details of neuropsychology assessment bookings:

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| Additional Details: |

**Urgency of Referral**

Urgent- public safety risk

Requires appointment according to regular system of availability/ waiting list

**Please indicate below what advice you have provided to your client regarding their driving status whilst awaiting assessment:**

Must not drive whilst awaiting OT driving assessment

May continue to drive whilst awaiting OT driving assessment

May drive with conditions (list) whilst awaiting OTDA:

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| Please list: |

**Medical Certification to participate in on-road assessment**

**Please include a Qld Gov Medical Certificate for Motor Vehicle Driver (Form 3712)**: If participant has been informed not to drive/ or licence suspension for medical reasons has been enacted, this form must be completed with licence conditions to include **“for occupational therapy driving assessment and rehabilitation purposes only”** please include any other relevant conditions or information as appropriate.

The form can be located here: <https://www.support.transport.qld.gov.au/qt/formsdat.nsf/forms/QF3712/$file/F3712_CFD.pdf>

**Referrer Details:**

Referrer Name: Provider Number:

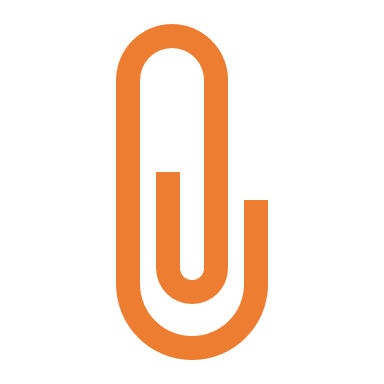
Discipline: Phone (Work):

Hospital/Clinic: Fax (Work):

Hospital/Clinic: Email:

Signature: Date

Yes, Austroads Fitness to Drive Guidelines were considered/consulted when making this referral

 Please attach discharge summary or relevant medical reports including current medication lists