## Referral to Occupational Therapy Driving Assessment

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| Driving Assessment referrals are managed by Alliance Rehabilitation, email to 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](https://www.support.transport.qld.gov.au/qt/formsdat.nsf/forms/QF3712/%24file/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