



Please complete below information and email it back to NDIS@alliancerehab.com.au
If you have any queries regarding this referral, please do not hesitate to contact us directly on 4772 1219

PARTICIPANT DETAILS

Participant Name:

Date of birth:

COMMUNICATION

Difficulties: Y N Receptive/Expressive

Interpreter required: Y N

Language spoken at home:

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/Austrroads Fitness to Drive Guidelines (2016):
 - Dementia >24 months
 - Parkinson’s disease
 - Epilepsy
 - NIDDM or IDDM
 - Recent stroke or TIA
 - Post intracranial surgery
 - Significant acquired brain injury
 - Multiple sclerosis
 - Cardiac arrest with chance of recurrence or 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

Driving History: Please note to proceed with assessment the client must hold a valid licence or learner’s permit.

Drivers Licence: Type:

Licence No:

Expiry Date:

Current 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)

If yes, current medical certificate expiry date:

Other:

BEHAVIOUR

Are there any concerns regarding the client’s ability to control anger/emotions? Y N

Attitude toward assessment: Understanding / Compliant / Resistant / Hostile

MEDICAL HISTORY

Diagnosis/Date of Onset:

PHYSICAL

Impaired / not impaired

Modifications likely: Y N

VISION

Impaired / not impaired

Assessment required Y N

COGNITION

Impaired / not impaired

Please see below for further information.

| | | |
|-------------------|---|--|
| Details if known: | <input type="checkbox"/> Participant informed computerised perimetry assessment / visual acuity and visual field testing by ophthalmology is <u>required</u> for all Occ. Therapy Driving Assessments. | |
|-------------------|---|--|

COGNITIVE SCREENING / NEUROPSYCHOLOGY ASSESSMENT

Occupational Therapy cognitive screening required and 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: NEUROPSYCH Ax to be booked at TTH // or // AR to arrange NEUROPSYCH.
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: Please list:

MEDICAL CERTIFICATION TO PARTICIPATE IN ON ROAD ASSESSMENT

Has the participant’s most recent driver licence been cancelled, or downgraded on medical grounds, or have you advised the participant notice proposing the cancellation, or downgrade of their driver licence on medical grounds?
 Y N

IF YES → The Qld Gov Medical Certificate for Motor Vehicle Driver (Form 3712) is required: 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/$file/F3712_CFD.pdf)

Referrer Details:

| | |
|---|------------------|
| Name: | Provider number: |
| | Signature: |
| Hospital/ Clinic / Centre: | |
| Phone: | |
| Fax: | |
| Austroads Fitness to Drive Guidelines were considered/consulted when making this referral <input type="checkbox"/> Y <input type="checkbox"/> N | |

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