



**Alliance**  
Rehabilitation

## OCCUPATIONAL THERAPY DRIVING ASSESSMENT REFERRAL

Community Based Rehabilitation Service (CBRS) Driving Assessment referrals are managed by **Townsville Hospital and Health Service** and triaged through the central referral hub based at TTH.

Please send referrals to: **Email:** TSV-Medicine-Referrals@health.qld.gov.au **Fax:** (07) 4433 2501.

**N.B** Referral form to Community Based Services is required for collection of demographic data and to identify if rehab episode is required concurrent to driving referral. *Please ensure the Alliance Rehabilitation CBRS referral is attached.*

### 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/Austroads 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	VISION	COGNITION
Impaired / not impaired  Modifications likely: <input type="checkbox"/> Y <input type="checkbox"/> N  Details if known:	Impaired / not impaired  Assessment required <input type="checkbox"/> Y <input type="checkbox"/> N  <input type="checkbox"/> <b>Participant informed computerised perimetry assessment / visual acuity and visual field testing by ophthalmology is <u>required</u> for all Occ. Therapy Driving Assessments.</b>	Impaired / not impaired  Please see below for further information.
<b>COGNITIVE SCREENING / NEUROPSYCHOLOGY ASSESSMENT</b>		
<input type="checkbox"/> <b>Occupational Therapy cognitive screening required and adequate for on road assessment to proceed.</b> (If concerns are identified this will be escalated to referring Dr or Neuropsychologist for further consideration prior to proceeding).  OR//  <input type="checkbox"/> <b>Neuropsychology Assessment required <i>PRIOR</i> to proceeding with on road assessment.</b> Please include details of neuropsychology assessment bookings: NEUROPSYCH Ax to be booked at TTH // or // AR to arrange NEUROPSYCH. Additional details:		
<b>URGENCY OF REFERRAL</b>		
<input type="checkbox"/> Urgent- public safety risk <input type="checkbox"/> Requires appointment according to regular system of availability/ waiting list  <b>Please indicate below what advice you have provided to your client regarding their driving status whilst awaiting assessment:</b>  <input type="checkbox"/> Must not drive whilst awaiting OT driving assessment <input type="checkbox"/> May continue to drive whilst awaiting OT driving assessment <input type="checkbox"/> May drive with conditions (list) whilst awaiting OTDA: Please list:		
<b>MEDICAL CERTIFICATION TO PARTICIPATE IN ON ROAD ASSESSMENT</b>		
<b>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?</b> <input type="checkbox"/> Y <input type="checkbox"/> N  <b>IF YES → The Qld Gov Medical Certificate for Motor Vehicle Driver (Form 3712) is required:</b> If participant has been informed not to drive/ or licence suspension for medical reasons has been enacted, this form <b>must</b> be completed with licence conditions to include <i>"for occupational therapy driving assessment and rehabilitation purposes only"</i> please include any other relevant conditions or information as appropriate.  The form can be located here: <a href="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</a>		
<b>Referrer Details:</b>		
Name:		Provider number:
Hospital/ Clinic / Centre:		Signature:
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.**