

Occupational Therapy Driving referral

Client details

Date of Referral

Name

DOB

Phone

Address

Email

NOK Name

NOK Phone

Funding Private

Aged Care

NDIS

NDIS #

Billing Email:

**If under NDIS, billing email will be your plan manager*

Referrer details

GP details (if not referrer)

Name

Name

Address

Address

Phone

Phone

Email

Email

Reason for referral

Driving History

Please note that the client must hold a valid licence or learners permit

Licence Details:

Type:

Number:

Expiry Date:

Licence conditions:

A (Auto Only)

S (spectacles to be worn)

V (Vehicle Modifications); specify

M (Medical Conditions) If yes;

Certificate expiry:

Other; Specify

Current Vehicle(s) driven:

Assessment Vehicle Requirements: *Example: Auto/Manual*

Medical History and functional status

Diagnosis and date of onset:

Current Medication:

Cognition: *impaired/not impaired*

Visual Perception: *impaired/not impaired*

Physical: *impaired/not impaired*

Other:

Desert
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Continue Overleaf

Driving Assessment Risk Screening

NB – This Field is Mandatory

The following criteria may increase the risk of unsafe driving. To assist us in managing the referral, please complete the following checklist

If multiple factors are checked, please contact the Occupational Therapist for advise BEFORE progressing this referral.

- Co Morbidity of the following diagnoses as per evidence/Austrroads Guidelines (2012)
 - Dementia > 24 months
 - Parkinson's disease
 - Epilepsy
 - NIDDM or IDDM
 - Recent stroke or TIA
 - Post intracranial Surgery
 - Significant acquired Brain injury
 - Multiple Sclerosis
 - Attention deficits
 - Cardiac Arrest with chance of recurrence of other heart condition
- Use of Benzodiazepines or Tricyclic antidepressants
- Previous close calls of reported accidents, please describe:

- Urgency of referral**
- Urgent – Public safety risk
 - Requires appointment according to regular systems

A waiting list may exist for OT Driving assessment. Please indicate below what advise you have provided to your client regarding their driving status whilst waiting assessment

- Must not drive while waiting OT assessment
- May continue to drive whilst waiting OT assessment
- May drive with conditions (list) while waiting OTDA

Behaviour Notes

Are there any concerns regarding the client's ability to control anger?

- Yes
- No
- Attitude towards assessment
 - Understanding / Compliant / Accepted
 - Resistant
 - Hostile
- Contact process
 - Contact client directly
 - Contact referrer for further direction
 - Other, provide contacts:

Medical Clearance for OT Driving Assessment

I, _____ Certify that my Patient _____ Is medically fit to undergo an Occupational Therapy Driving Assessment

Signed: _____

Please sent completed referral to referrals@deserttherapy.com.au