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| **FM.RF.009 - Occupational Therapy Referral Form  - Driving Assessment** | |
| **Date:** |  |
| **Client name:** |  |
| **Client DOB: DD/MM/YYYY** |  |
| **Client contact details:** | **Phone:  Email:** |
| **Client home address:** |  |
| **PAYMENT for assessment:**   * **Funding Body** * **Private** | Details (Company, company contact, Billing details)  ……………………………………………………………………………….  ……………………………………………………………………………….  Client’s billing details (full name, address, email, contact number):   ……………………………………………………………………………….  ………………………………………………………………………………. |
| **Relevant medical information:**  (e.g. Diagnosis, medical history, date of onset, current medications, mental health status) |  |



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| **Behaviour:** | **Are there any concerns regarding the client’s ability to control anger and/or emotions:**   * Yes * No   **The client’s attitude towards the OT driving assessment:**   * Understanding * Compliant * Resistant * Hostile |
| **Current level of function:** | **Physical**   * Impaired * Not impaired   **Vision**   * Impaired * Not impaired   **Cognition**   * Impaired * Not impaired   **Hearing**   * Impaired * Not impaired |
| **Licencing information:** | **Current drivers’ licence?**   * Yes - Licence No: …………………..………………….. Expiry Date: ………………………. * No   **Licence conditions:** ……………………………………………………………………………………………………………………………………………… ………………………………………………………………………………………………………………………………………………  **Vehicle transmission for assessment:**   * Automatic * Manual |
| **Any required vehicle modifications (if known):** |  |



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

* Must not drive awaiting OT driving assessment
* May continue with drive whilst awaiting OT driving assessment
* May drive with conditions (please list) whilst awaiting OT driving assessment  
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Description automatically generatedChecklist of required documents prior to assessment:**

* Copy of current in date licence / or Queensland Gov. Medical Certificate for Motor Vehicle Driver (F3712) - <https://www.support.transport.qld.gov.au/qt/formsdat.nsf/forms/QF3712/>
* Current Optometry Report (includes computerised Perimetry Testing)
* Any relevant medical reports (e.g.; Neuropsychology report)

## REFERRING PERSONNEL:

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| **Name: Company:  Email: Phone:** | **Signature:** | **Date:** |