

NorthCoast Rehab Services

Occupational Therapy Driving Assessment's Referral Form

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North Coast Rehab Services Referral Form

- to be completed by Medical Practitioner

Name:

D.O.B:

Address:

Phone:

GP/ Specialist details:

Name:

Phone:

Fax:

Email:

Funding Body (Please circle): Self / My Aged Care Plan / Insurer / NDIS

Reason for referral: (Please see appropriate reasons on 2nd page)

Medical History:

Diagnosis & date of onset:

Cognition:

Cognition Impaired

Cognition not impaired

Physical Function:

Impaired

Physical function not impaired

Vision:

Vision impaired

Vision not impaired

Driving History:

Current valid licence: Yes No

If no, is licence Suspended- (Medically or legally?)/ revoked/ or cancelled?

Any Conditions or Restrictions? _____

* **Please note-** To undertake the On-road driving assessment- Anyone with a medical condition that could affect their driving must have a valid QLD Transport F3712 - **Please provide a copy of the F3712.**



Please select one of the following:

- The client may retain their C class driving licence and continue to drive until the assessment is completed.
- The client should cease driving until the assessment has been completed. **(Please complete: F3712- Fit for on road medical testing only with expiry date of 3months)**

Behaviour:

Are there any concerns regarding the client's ability to control anger/emotions? Yes No

Attitude towards assessment: Understanding Compliant Resistant Lacks Insight

Contact Process

- Contact client directly for appointment
- Contact referrer for further direction
- Other: _____

Is patient aware of referral: Yes No

Communication

Is an interpreter required? Yes No If yes, Language? _____

Medical Clearance for Occupational Therapy Driving Assessment:

I, _____ (Doctor / General Practitioner)

state that _____ (Client) is medically fit to undertake an Occupational Therapy Driving Assessment and, if indicated, participate in an Occupational Therapy Driving Remediation Program.

Doctor's Signature: _____ Date: _____

Doctor's Stamp:

***Please attach a Patient Health Summary
& completed QLD Transport F3712 to this referral.***

Appropriate reasons for OT Driving Assessment

- Older clients with general frailty/ageing, physical/functional problems, memory loss etc
- Clients with chronic health conditions e.g. Functional impairments caused from diabetes e.g peripheral neuropathy ie. Numbness in feet.
- Clients with neurological conditions e.g. stroke, Parkinson's, spinal cord injury
- Clients with orthopaedic injuries e.g. amputations, hand and shoulder injuries, back injuries
- Younger/learner drivers with physical impairments such as cerebral palsy, spinal cord injury
- Younger/learner drivers with learning difficulties e.g. Asperger's and Autism