

Everything OT

OCCUPATIONAL THERAPY SERVICES

OT DRIVING ASSESSMENT REFERRAL FORM	
Client Details	
Name:	
DOB:	
Address:	
Contact no:	
Email:	
Referrer Details	
Name:	
Address/Practise:	
Contact no:	
GP Details (if different from referrer)	
Name:	
Address/Practise:	
Contact no:	
Referral Details	
Date:	
Reason for referral/primary diagnosis:	
License details	Number: Expiry: Conditions (please circle those that apply): A (auto only), S (spectacles to be worn), V (vehicle modifications), M (medical condition); If yes, current medical certificate expiry date:
Medical history	Please list all (or attach)
Medications	Please list all (or attach)

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Risk Screening	The following criteria may increase the risk of unsafe driving. To help us manage this referral, please complete the follow checklist. Comorbidity of the following diagnosis as per evidence/Austroad Guidelines 2022. ☐ Dementia greater than 24 months ☐ Significant acquired brain injury ☐ Cardiac arrest with chance of recurrence/other heart condition ☐ Post intracranial surgery ☐ Epilepsy ☐ Type 1 or 2 diabetes ☐ Parkinson's disease ☐ Stoke or TIA ☐ Multiple sclerosis Other: ☐ Attention deficits ☐ Use of Benzodiazepines or Tricyclic antidepressants ☐ Previous close calls/accidents, if yes, provide details:
Current functional status (please circle and provide details of impairments)	Physical: impaired / not impaired Cognitive: impaired / not impaired Visual/perceptual: impaired / not impaired. Previous Ax scores: Hearing/communication: impaired / not impaired Other comments:
Instructions given to the client:	☐ 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:
NOK Details	Name and contact no (if relevant):
Medical Clearance	
I, _____ (doctor) state that _____ (client) is medically fit to undertake an Occupational Therapy Driving Assessment, and if indicated, participate in an Occupational Therapy Driving Remediation Program. Signed: _____ Date: _____ Designation: _____.	
Is there anything else you think we should know?	
Please submit referrals via email to: hello@everythingot.com.au	