



**Gisela Brittain & Lauren Khavari**  
**Occupational Therapist Driving Assessor**

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**OCCUPATIONAL THERAPY DRIVING ASSESSMENT REFERRAL**

**Client details:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ D.O.B: \_\_\_\_\_  
Funding: \_\_\_\_\_

**Referrer details:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

**General Practitioner (if different from Referrer):**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

**Date of referral:** \_\_\_\_\_

**Reason for referral:** \_\_\_\_\_

Driving History: *Please note that the client must hold a valid licence or learner's permit.*

Drivers Licence: Type: \_\_\_\_\_ Licence No: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Licence Conditions:  A (auto only)  S (spectacles to be worn)  V (vehicle modifications)

M (medical condition); If yes, current medical certificate expiry date: \_\_\_\_\_

Other: \_\_\_\_\_

Current Vehicle(s) Driven: \_\_\_\_\_

Assessment Vehicle Requirements: Manual/Automatic \_\_\_\_\_

**Medical History:**

Diagnosis and Date of Onset: \_\_\_\_\_

Current Medications: \_\_\_\_\_

**Current Functional Status:**

Cognition: impaired / not impaired \_\_\_\_\_

Visual Perception: impaired /not impaired \_\_\_\_\_

Physical: impaired / not impaired \_\_\_\_\_

Other: \_\_\_\_\_

**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 ticked please contact Occupational Therapy for advice BEFORE progressing this referral.

Co morbidity of the following diagnoses as per evidence/Austroroads Guidelines (2012):

- Dementia >24 months
- Post intracranial surgery
- Parkinson’s disease
- Acquired brain injury
- Epilepsy
- Multiple sclerosis
- NIDDM or IDDM
- Cardiac arrest with chance of recurrence or
- Recent stroke or TIA other heart condition
- Attention deficits
- Use of Benzodiazepines or Tricyclic antidepressants
- Previous close calls / accidents reported. If yes, please describe \_\_\_\_\_

**Urgency of referral:**

- Urgent- public safety risk
- Requires appointment according to regular system of availability

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

- Must not drive whilst awaiting OT driving assessment
- May continue to drive whilst awaiting OT driving assessment
- May drive with conditions (list) whilst awaiting OT driving assessment:

**Behaviour:**

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

Attitude towards assessment:  Understanding / compliant       Resistant       Hostile

**Contact process:**

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

**Medical Clearance for OT Driving Assessment**

I \_\_\_\_\_ certify that my patient \_\_\_\_\_  
is medically fit to undergo an occupational therapy driving assessment.

Signed: