

Abilities Occupational Therapy Driving Evaluation Referral Form

What we do:

Abilities Occupational Therapy offers Driving Evaluations and Cognitive Assessments.

Client population served:

For clients suffering from **soft tissue injuries and/or amputations involving the upper limb or lower limb**; and those who present with **mild cognitive impairment** or **neurological injury**. Please note, we cannot serve paraplegic or quadriplegic clients unless they are independent for transfers in and out of the vehicle.

Our services include:

- 1. Driving evaluations** (vehicle modifications). Services include:
 - Steering wheel modifications
 - Signal extenders
 - Swivel cushions
 - Adapted mirrors, signal lights, horn, and headlights
 - Hand controls
 - Left side gas pedal
- 2.** Please see the **Abilities OT Driving Assessment Inventory 2023** form for a list of available assessments.
- 3.** Abilities Occupational Therapy will contact **Driver Fitness & Monitoring** prior to the assessment to obtain a **temporary license** for the evaluation.
- 4.** A copy of the evaluation report will be sent to the physician named on the referral form.
- 5. Any vehicle modification recommendation that significantly changes how the vehicle is operated will require a Driver's Medical to be completed by a physician, for a fee. The required modification must be stated under "other" on the Driver's Medical form.** The OT will send a copy of the report to the client's physician and to Driver Fitness & Monitoring. The physician will send the **Driver's Medical** form directly to Driver Fitness & Monitoring.

Abilities Occupational Therapy

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For clients:

- **Please arrange for someone to drive you to and from your appointment. A scheduled evaluation may take 2 hours to complete.**
- For more information and/or to request a virtual tour, please email info@myabilities.ca or call 780-318-4684.

Abilities Occupational Therapy
Driving Evaluation Referral Form

Referral Form

Date of Referral yyyy/mm/dd	
Physician name	
Patient/Client Name	
Contact Number	
Address	
Date of birth yyyy/mm/dd	
Driver's operator number or Identification number (if no license)	
Alternate contact, Relationship to client, and phone number	
Date of Injury	
Diagnosis of injury	
Reason for referral (e.g., modification; Return to driving (class 5 license); RTW related driving)	Please check all that apply: <input type="checkbox"/> Driving evaluation <input type="checkbox"/> DriveABLE/Cognitive Assessment <input type="checkbox"/> Client holds a valid Class 5 license

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	<p>Please explain reason for referral:</p>
<p>Client consent is required to share personal health information with Driver Fitness and Monitoring for the purpose of obtaining a temporary driver's license. A temporary license is required to complete the driving evaluation.</p> <p>Your physician will be provided a copy of the evaluation report.</p> <p>Please have the client sign this form where indicated. Consent may be withdrawn at any time by contacting Abilities Occupational Therapy at the number listed below.</p>	<p>Yes, I give consent for Abilities Occupational Therapy to share my personal health information with Driver Fitness and Monitoring.</p> <p>Client name (print):_____</p> <p>Client signature:_____</p>

PLEASE FAX OR EMAIL REFERRAL FORM AND MEDICAL PACKAGE TO:

+1 780 669 5832 OR info@myabilities.ca

For questions and further information please call: +1 780-318-4684