

## **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** in a dual brake vehicle with the following modification:
  - Hand controls- gas/throttle and brake
  - Left side gas pedal
  - Steering wheel modifications
  - Adapted mirrors, signal lights, horn, and headlights
  
- 2. DriveABLE Cognitive Assessment**, conducted by a DCAT Certified Rater, **Montreal Cognitive Assessment (MoCA)** conducted by a MoCA Certified Rater, and the **Useful Field of View Assessment**. Visual perceptual, acuity, and visual processing assessments and screens; colorblindness screen

Abilities Occupational Therapy will contact **Driver Fitness & Monitoring** prior to the assessment to obtain a **temporary license** for the evaluation.

A copy of the evaluation report will be sent to the physician named on the referral form.

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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.**
  
- **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.**
  
- For more information and/or to request a virtual tour, please email [info@myabilities.ca](mailto:info@myabilities.ca) or call 780-318-4684.
  
- **We are located at:**  
Belmead Professional Building,  
Suite 106, 8944- 182 St. NW  
Edmonton, Alberta

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**Referral Form**

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

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	<p><b>Please explain reason for referral:</b></p>
<p><b>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.</b></p> <p><b>Your physician will be provided a copy of the evaluation report.</b></p> <p><b>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.</b></p>	<p><b>Yes, I give consent for Abilities Occupational Therapy to share my personal health information with Driver Fitness and Monitoring.</b></p> <p><b>Client name (print):</b>_____</p> <p><b>Client signature:</b>_____</p>

PLEASE FAX OR EMAIL REFERRAL FORM AND MEDICAL PACKAGE TO:

**+1 780 669 5832 OR [info@myabilities.ca](mailto:info@myabilities.ca)**

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