



Abilities Occupational Therapy

Belmead Prof. Building, Suite 106, 8944 182 ST NW, Edmonton, AB T5T 2E3

Phone: (780) 890-0393 | Fax: (780) 669-5832 | Website: <https://myabilities.ca> | Email: info@myabilities.ca

Driving Evaluation Referral Form

Date of Referral _____

***** Effective January 1st 2026 *****

***** All Driving Evaluation Services received on or after Jan 1, 2026 will be \$650.00 + GST *****

PATIENT INFORMATION

FULL NAME _____

ADDRESS _____

PH # _____ ALT. PH # _____

DOB (YYYY-MM-DD) _____

EMAIL _____

GOV'T ID # _____

PLEASE CONTACT

Patient Directly Alternate Contact

ALTERNATE CONTACT (If Applicable)

FULL NAME _____

RELATION TO PATIENT _____

PH # _____ ALT. PH # _____

EMAIL _____

REFERRING PHYSICIAN INFO

NAME _____

CLINIC NAME _____

PH # _____ FAX # _____

FAMILY PHYSICIAN INFO (if different than above)

NAME _____

CLINIC NAME _____

PH # _____ FAX # _____

PLEASE SEND RESULTS TO

Referring Physician Family Physician

REQUIRED EVALUATIONS

DriveABLE Cognitive & On-Road Evaluation

On-Road Evaluation Only

Physical Screening with OT

REASON FOR REFERRAL

ADDITIONAL INFORMATION (Check any that apply)

Use of Hearing Aids

Use of Vision Aids / Corrective Lenses

Use of Mobility Aid

Has Limited Hand/Limb Dexterity

Has Valid Driver's License

Requires Adaptive Equipment to Drive

By submitting this Referral form to Abilities Occupational Therapy, the Patient/Client understands:



Driver Fitness evaluations are required by the Government of Alberta if an individual wants to continue driving.



The cost is \$650.00 (not including taxes and fees). We evaluate individuals within 3-4 weeks of receiving a referral.



The patient is consensual and aware of why they are being referred for further driver fitness related evaluations.

PLEASE SUBMIT THIS COMPLETED FORM VIA FAX (780-669-5832) OR EMAIL (info@myabilites.ca) WITH THIS FORM ATTACHED