



DRIVING OCCUPATIONAL THERAPY SERVICES

For active, safe and independent living

OT DRIVER ASSESSMENT & REHABILITATION

Driving Occupational Therapy Services provides a specialty service for people following a medical illness or injury which may have affected their ability to drive. This service aims to help people begin or return to driving safely and legally.

This can involve:

- Comprehensive Off Road Assessment
- Practical Driving Trial/ Assessment (with driving instructor)
- Driver Rehabilitation Program

Assessments are conducted by Occupational Therapists who have completed a post-graduate driver training qualification and are registered with the WA Board of Occupational Therapy. These therapists will perform a detailed assessment (including: driving history; visual & neurophysical; cognitive & perceptual tests; on-road evaluation etc.) and document outcomes in a comprehensive report, outlining:

- ✓ How a person's medical condition may impact on their ability to drive
- ✓ Assess an aged person's ability to drive a vehicle (physical & cognitive capacity)
- ✓ Recommend appropriate vehicle modifications & provide training in their use
- ✓ Assess work related driving capacity
- ✓ Help an individual with an acquired or congenital disability begin driving
- ✓ Help identify alternative transport options to ensure the individual can access the community/ social networks and maintain his/her independence

West Australian Law requires that any individual who has sustained a medical illness or injury that may impact on their ability to drive is required to notify the Department of Transport (DOT) - www.transport.wa.gov.au/index.asp

TO REFER FOR THIS SERVICE:

1. COMPLETE THE ATTACHED REFERRAL FORM (GP or therapist)
2. FORWARD TO: info@drivingotservices.com OR FAX: (08) 9364 6163

Once the referral is received the client will be contacted within one to three working days. A comprehensive report will be sent to the Department of Transport, and the referrer (GP/therapist) following the assessment detailing recommendations.

For further information or to discuss this service, please contact:

CHRIS PEARCE: 0401 410 979
PHONE/FAX: (08) 9364 6163
EMAIL: info@drivingotservices.com
WEB: www.drivingotservices.com
PO Box 254, Hamilton Hill, WA 6963

*Please discuss subsidies/ rebates for this service with our staff.
Private Health Rebate Available (depending on ancillary cover). Medicare Enhanced Primary Care (EPC) Rebate Available. Registered Insurance Commission (ICWA) and WorkCover provider.
LotteriesWest Disability Equipment Grant (DEG) provider.*



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DOTS REFERRAL

Date of Referral: _____

Referred for: Fitness to Drive
 Heavy Vehicle Vehicle modifications
 Driver Rehabilitation Return to Work/ Ergonomic Assess

Funding:
 Workcover/ Insurance ICWA
 Disability Equipment Grant JOBACCESS
 DVA Medicare EPC
 Private Pensioner

Client Details:

Surname: _____
 Given Names: _____
 Address: _____

State: _____ P/code: _____
 Telephone (H) _____
 (M) _____
 (W) _____

DOB: _____ Age: _____
 Male Female Interpreter required? Yes / No
 Occupation: _____

NOK: _____
 Relationship: _____ Contact NOK

Income: (please complete either individual or household for Grant purposes)
 Individual: \$0-\$23000 \$23000-\$46000 >\$46000
 Household: \$0-\$35000 \$35000-\$75000 >\$75000

Licence Details:

Licence no. _____ Expiry date: _____
 Current Vehicle: _____ (Auto / Man)
 Driving history Yes / No Years: _____
 First time driver _____
 License Conditions _____
 Date last driven _____

Referrer Details:

Referred by: _____
 Provider no: _____ (if applicable)
 Company: _____
 Address: _____
 State: _____ P/code: _____
 Telephone: _____ Fax: _____
 Email: _____

Medical History:

Date of Injury/ Illness (onset): _____
 Diagnosis: _____

Past medical History: _____

Medications: _____

Impairments: _____

Insight: _____

Vision: _____
 (Optometrist report attached) Glasses

Current Treatment: _____

Treating Doctor:

General Practitioner Specialist: _____

Address: _____

State: _____ P/code: _____

Telephone: _____ Fax: _____

Medical Clearance for OT Assessment? Yes / No

M107a Form: Sent to Dept. Attached Client to bring
Please attach any further assessments/ relevant information

Account/ Employer: (Please complete for Insurance/ Workcover/ ICWA accounts)

Insurer: _____

Claim no. _____

Case manager _____

Address: _____

State: _____ P/code: _____

Telephone: _____ Fax: _____

Email: _____

Employer:

Rehabilitation Coordinator: _____

Work address: _____

State: _____ P/code: _____

Telephone: _____ Fax: _____

Email: _____

Signed: _____

Date: _____

Please forward this referral to Driving Occupational Therapy Services: