



# 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](http://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](mailto: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](mailto:info@drivingotservices.com)**  
**WEB: [www.drivingotservices.com](http://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: