Spinal Life AUSTRALIA

Occupational Therapy Driving Assessment Referral and Checklist

Client Details	General Practitioner Details
Full Name:	Name:
Phone:	Phone:
Email:	Email:
	Fax:

Supports Coordinator Details	Plan Manager Details
Name:	Name:
Phone:	Phone:
Email:	Email:
	If Not Plan Managed: ☐ NDIA ☐ Self-Managed

Goals

Driving Assessment Risk Screening

The following criteria may increase the risk of unsafe driving. To assist us in managing the referral, please complete the following checklist. **If multiple factors are ticked please contact Occupational Therapy for advice BEFORE progressing this referral.**

☐ Spinal Cord Injury	☐ Amputation	☐ Diabetes	☐ Spina Bifida
☐ Acquired Brain Injury	☐ Stroke or TIA	☐ Multiple Sclerosis	☐ Other

Date of Injury: ☐ F3712 Medical Certificate Expiry:
Level of SCI: Note: F3712 form is to be completed by Doctor prior to assessments

Medication List

Driving History

Have you driven since your injury: ☐ Yes ☐ No Current Driver: ☐ Yes ☐ No
Driver License Number: License Expiry Date:
Conditions: ☐ V ☐ M ☐ S ☐ Learner ☐ Open
Note: If 'S' condition is selected please ensure vision screen has been completed by GP or Optometrist
Current Hand Controls:
Drives from Wheelchair: ☐ Yes ☐ No ☐ Powerchair ☐ Manual Chair
Chair Brand:

Appointment

Can you attend a Driving Clinic at Spinal Life: ☐ Yes ☐ No
Preferred Day: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ AM ☐ PM

Once completed contact our friendly Customer Engagement team on 1300 774 625 or enquiries@spinal.com.au