



# DriveFit Referral Form

**Please fax completed forms to 1-877-807-4669**

Date of Referral \_\_\_\_\_

## Client Information

Name \_\_\_\_\_ DOB (DD/MM/YYYY): \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code \_\_\_\_\_  
 Valid driver's licence?    Yes    No                      Received Driver's Medical Examination Form from RoadSafetyBC?    Yes    No

### Alternate Contact:

Name \_\_\_\_\_ Relationship to Client: \_\_\_\_\_ Phone number \_\_\_\_\_

## Service requested

<p><b>Determine driver fitness:</b></p> <p>DriveFit In-Clinic Evaluation    include DriveABLE*</p> <p>DriveFit On-Road Evaluation    include DriveABLE*</p> <p style="text-align: center;">*If cognitive concerns</p>	<p><b>Support for returning to driving:</b></p> <p>Driver anxiety                      Post-Injury</p> <p>Post-Concussion                      Post medical event/surgery</p>
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## Referred by:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Choose one:  
 Family physician    NP    Specialist    PT    OT    Other: \_\_\_\_\_

## 3<sup>rd</sup> Party Insurance (if applicable)

ICBC    WSBC    Other: \_\_\_\_\_    File/Claim#: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

## Reason for referral

<p><b>Diagnosed or suspected of:</b></p> <p>Alzheimer's or other dementia</p> <p>Parkinson's Disease</p> <p>Multiple Sclerosis</p> <p>Other neurodegenerative disease</p> <p>Cardiac disease</p>	<p><b>Recent:</b></p> <p>CVA</p> <p>MI</p> <p>Surgery</p> <p>Brain injury/concussion</p> <p>Other Injury: Explain in comments</p> <p>Date of event/injury: _____</p>	<p><b>Cognitive screen results (if available):</b></p> <p>SIMARD-MD ____/120</p> <p>MoCA ____/30</p> <p>Global Deterioration Scale: Stage ____</p> <p>Other:</p>
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## Symptoms and considerations (check all that apply)

<p>Weakness:    Rt Leg    Lt leg    Rt arm    Lt arm    General</p> <p>Paralysis:    Rt Leg    Lt leg    Rt arm    Lt arm</p> <p>Amputation:    Rt Leg    Lt leg    Rt arm    Lt arm</p> <p>Other Motor impairment:</p>	<p>Cognitive impairment</p> <p>Visual impairment</p> <p>Other sensory impairment:</p>
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Comments