Skill Builders | DRIVER REHABILITATION

BARRIE
ETOBICOKE
SUDBURY
COLLINGWOOD
KITCHENER
OAKVILLE
SAULT STE. MARIE

DRIVER REHAB SERVICES

In Clinic Only Driver Evaluation Passenger Assessment Van Assessment Vehicle Access only

Office use: TDL REQUESTED ☐ CONFIRMATION SENT ☐ MEDICAL INFO REQUESTED ☐

CLIENT INFORMATION – *CXL Policy explained* ☐ Yes ☐ No

Client Name: _____ Date of Birth: _____

Address: _____

Phone ☎: _____ Initial Contact Date: _____

Email: _____ Made by: _____

Referred By: _____ Relation: _____

_____ Phone ☎: _____

Emergency Contact day of assessment (Name/Number): _____

Have you had a driving assessment before? ☐ Yes ☐ No

VISION WAIVER NEEDED? ☐ Yes ☐ No When did you last have your eyes checked? _____

LICENCE INFORMATION

Driver Licence No.: _____ Status: Valid ☐ Suspended ☐

MTO Case No.: _____ Report due to MTO: _____

MEDICAL INFORMATION

Diagnosis: _____ Onset: _____

Medical Hx: _____

Are you able to walk? ☐ Yes ☐ No

Do you use anything to help you walk? ☐ Yes ☐ No If yes: _____

Physician/NP Name: _____

Address: _____

Contact No. ☎: _____ Fax: _____

Last Visit: _____

Specialist: _____ Specialty Type: _____

Address: _____

Contact No. ☎: _____ Fax: _____

Last Visit: _____

Do you provide consent for us to obtain and release information from your physician? ☐ Yes ☐ No

Do you consent to receive medical information by email? ☐ Yes ☐ No

Client Name: DOB:

THIRD PARTY INFORMATION

3rd Party: _____

Address: _____

Phone ☎: _____ Fax: _____

Claim #: _____ Email: _____

Adjustor: _____

Case Manager: _____

Company: _____

Address: _____

Phone ☎: _____ Fax: _____

Email: _____

Lawyer: _____

Company: _____

Address: _____

Phone ☎: _____ Fax: _____

Email: _____

* MVA – Request up-to-date report (from case manager / insurer / OT)

Date Requested: _____ Requested From: _____

Does client need attendant care? ☐ Yes ☐ No

If yes, request up-to-date Form1: Date Requested: _____ Requested From: _____

MOBILITY INFORMATION

Do you use a wheelchair? ☐ Yes ☐ No

Make/Model: _____ Manual/Power: _____

Will you be getting or do you need a vehicle with driving equipment? ☐ Yes ☐ No

Do you use hand controls? ☐ Yes ☐ No

Current Vehicle: _____ Automatic or Standard? _____

Do you have any special needs during your assessment? (icepack, cushion etc.)

_____