The Ottawa Hospital | L'Hôpital d'Ottawa

REFERRAL FOR DRIVING EVALUATION

Occupational Therapy – REHABILITATION CENTRE

NOTE: PLEASE ENSURE THE CLIENT IS AWARE THAT THERE IS A FEE CHARGED FOR THE EVALUATION

Date of referral	Patient	Date of Birth

Address	Home phone	Other phone

Health Card no.	Driver's licence no.	Contact person	Telephone no.

Referring physician	Telephone no.	Family physician	Telephone no.

Has this driver's license been suspended for medical reasons? ❑ Yes ❑ No ❑ Unknown

BRIEF HISTORY (INCLUDING PRIMARY AND SECONDARY DIAGNOSES):

History of seizures: ❑ Yes ❑ No Date of last seizure:

SUMMARY OF PHYSICAL AND/OR COGNITIVE DEFICITS:

ADDITIONAL INFORMATION AND CONCERN:

MEDICATIONS:

For questions regarding the program please call **613-737-8899** ext **75359.** Please send any relevant information including diagnostic reports, discharge summaries and neuropsychological reports.

FAX COMPLETED FORM TO THE OTTAWA HOSPITAL REHABILITATION CENTRE ADMITTING DEPARTMENT AT **613-737-8463**