PATIENT REFERRAL FOR FUNCTIONAL DRIVING EVALUATION

Use this form to refer your patient for a Functional Driving Evaluation (FDE). A Functional Driving Report will be provided. Unknown information can remain blank.

Once the referral is received at driving@communitytherapists.com, our office will contact your patient to finalize the referral.

Our services are available in Abbotsford, Burnaby, Courtenay, Langley, Lantzville, Surrey & Victoria.

By submitting this form, you confirm that you are authorized to provide the personal information disclosed and have obtained all required consents for its collection, use, and disclosure to Community Therapists (1998) Inc. The information will be collected, used, and disclosed for the purposes of reviewing and responding to this inquiry or referral, coordinating services, and related administrative purposes.

PATIENT INFORMATION

Name: _____ Gender: _____

Date of Birth: _____ Date of Loss: _____

PHN: _____ Claim #: _____

Address: _____ Phone #: _____

Does this client have an open ICBC or WSBC claim ☐ No ☐ Yes (provide claim number if available):

_____

Has driver been directed by RoadSafetyBC – Driver Medical Fitness program to complete an FDE: ☐ Yes ☐ No ☐ Unknown

DIAGNOSIS

Medical condition(s)/status affecting driving: _____

SEIZURES: ☐ Yes ☐ No Date of Last Seizure (mm/dd/yyyy): _____

VISION

Visual Acuity Uncorrected – Right: _____ Left: _____ Both: _____

Visual Acuity Corrected – Right: _____ Left: _____ Both: _____

Visual Field Test Results: _____

Ophthalmologist/Optometrist: _____ Date of Last Visit: _____

MEDICATIONS

Purpose and potential impact on alertness, cognition, drowsiness: _____

PHYSICAL LIMITATIONS

Upper/Lower Extremities/Other: _____

Assess for vehicle modifications: ☐ N/A ☐ Yes ☐ No ☐ Unknown

Other: _____

OTHER LIMITATIONS (cognitive, psychosocial, other)

☐ Yes ☐ N/A Comments: _____

PHYSICIAN

Physician Name: _____ Physician Tel #: _____

Physician Address: _____ Physician Fax/email: _____

Driving evaluations are conducted by occupational therapists with specialized expertise in driver rehabilitation. Evaluation protocols meet the standards set out by the Driver Medical Fitness Program – RoadSafetyBC. Please contact our Service Coordinator at 604-566-8457 for more information.

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