



Occupational Therapy Driving Assessment Referral - NSW

Patient Name: _____ DOB: _____

Contact Number: _____ Suburb: _____

Diagnoses: _____

Medications: _____

Clinical Concerns: _____

Does this person have a current AND valid NSW License?

A valid license is required

Yes / No

Has the RMS 'Fitness to Drive Medical Assessment' form been completed?

The RMS form must be completed prior to the assessment to notify the RMS that an OT driving assessment is indicated. The patient must lodge the completed form at an RMS Service Centre prior to booking the assessment. The GP can also complete this form and submit it directly online through the MyHealthLink Portal.

Yes / No

Patient Consent to Referral

Yes / No

Practise Name/Stamp:

Doctor Name: _____ Date: _____

Signature: _____

Please fax to
07 5677 0269