



Gold Coast
Driver Assessments
& Rehabilitation

Occupational Therapy Driving Assessment Referral - QLD

Patient Name: _____ DOB: _____

Contact Number: _____ Suburb: _____

Diagnoses: _____

Medications: _____

Clinical Concerns: _____

Does this person have a current AND valid QLD License?

A valid license is required

Yes / No

Does this person have a current/valid 'QLD Medical Certificate for Motor Vehicle Driver' form?

A temporary medical certificate must be completed for purpose of assessment if previous medical certificate is expired

Yes / No

Patient Consent to Referral

Yes / No

Practise Name/Stamp:

Doctor Name: _____ Date: _____

Signature: _____

Please fax to
07 5677 0269