Gold Coast
Driver Assessments
& Rehabilitation

Occupational Therapy Driver Assessment

DOCTOR REFERRAL

(GP/Specialist)

Thank you for seeing this patient for an Occupational Therapy Driver Assessment.

Patient Name:	
Date of Birth:	
Patient Address:	
Best Contact Number:	
Diagnoses (ALL):	
Medical History:	
Medications:	
Clinical / Functional Concerns RE Driving:	

Please fax to 07 5677 0269 or email to info@goldcoastdrivingot.com.au

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DOCTOR'S DECLARATION

☐ I have assessed this patient against the relevant medical standards contained within the *Austroads Assessing Fitness to Drive Guidelines* (2022) for each of their medical condition(s), and I consider them medically fit to undertake an Occupational Therapy Driver Assessment.

Patients with Psychiatric Conditions

☐ As the patient's treating medical practitioner, I confirm that the patient satisfies the relevant *Assessing Fitness to Drive* (2022) criteria for psychiatric conditions and is medically fit to undertake an Occupational Therapy Driver Assessment. Specifically, I confirm that:

- *The patient's psychiatric condition is stable and adequately controlled (with or without medication); AND*
- *The patient has demonstrated compliance with treatment over a substantial period; AND*
- *The patient demonstrates adequate insight into the effects of their condition and any potential impact on driving safety; AND*
- *There are no medication-related adverse effects that are likely to impair driving ability (refer to Part A, Section 2.2.9* – Drugs and Driving*); AND*
- *Any relevant comorbid conditions (including substance misuse, where applicable) have been considered and assessed in accordance with the relevant* Assessing Fitness to Drive *standards.*

If any of the above criteria are not met, the patient is not considered medically fit to undertake an Occupational Therapy Driver Assessment at this time.

Queensland Transport Medical Certificate

For patients requiring an Occupational Therapy Driver Assessment as part of the Queensland licensing process, it is recommended that the referring medical practitioner complete the Queensland Transport **Medical Certificate for Driver License** indicating the temporary licence condition on page 6: *"Only for the purpose of an occupational therapy driving assessment or lesson."*

Practice Stamp:

_____ _____

Doctor's Signature Date

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