## Occupational therapy driver evaluation



	i e								
To be completed by an occupational therapist qualified to conduc Please print clearly using BLOCK letters or type in sentence case.		Driver licence/learner permit no.							
	Permit status	Licence/permit expiry date							
Learner permit Curre									
· · · · · · · · · · · · · · · · · · ·	cenced	Disclaimer							
	elled/suspended	In the case of a fav			is implied that the				
Bus/Truck				0 1444.0.					
Client details									
Surname			Date of birth						
First given name		Second given name							
Home address				Postcode					
Home phone	,	Work phone							
<b>Medical information</b> Medical report a	uttached Yes	No Medical report	with the Media	cal Review Team	Yes No				
·	ttacrieu 165	No Medical report	WILLI LITE IVICUIT	Sai neview realli	165 110				
Diagnosis (include date of onset)									
Relevant medical/psychiatric history									
Medication									
Vision assessment									
Yes No Is an examination by an op	hthalmologist	Visual acuity, <b>unaid</b>	ed	Binocular	6/				
or optometrist recommende		Visual acuity, aided		Binocular	6/				
Yes No Are corrective lenses reconto be worn when driving?	nmended								
Yes No Has the client lost vision in	one eye?	Comments							
Full Reduced Fields (confrontation test)									
Decemberdations									
Recommendations  1. Yes No Is the client fit to hold a lice.	nce to drive a car? 9.	. Yes No	N/A Is m	otorcycle/bus/trucl	*				
2. Yes No Is driver rehabilitation requi	ired?	When/rationale			k assessment indicated?				
	is unvei remabilitation required:								
client to only drive with a dri	iving instructor/OT	0 V	-		7				
in a dual control vehicle?		Yes No Recommend future medical review?							
4. Yes No Are other licence condition.	s required?	Frequency/rationale	Frequency/rationale						
List/Comments									
	1	1. Yes No		t aware of this rep	ort				
				commendations?	4				
5. Yes No Recommend licence suspe	nsion?	Therapist's deta	ils (please i	use BLOCK letters	or official stamp)				
6. Yes No Recommend licence cance	llation?	Name of therapist			ort  or official stamp)				
7. Yes No Recommend future OT on-ro	oad reassessment?	Address							
Frequency/rationale									
		Postcode		AHPRA reg'n no.					
		Phone		Date D D	M M Y Y Y Y				
8. Yes No N/A Does client want to kee truck licence?	p motorcycle/bus/	Signature of therapist	Signature of therapist						

## Occupational therapy driver evaluation



	sment – physical functions that apply – a cross indicates the	<b>on</b> (functional issues relevant to drive	ring) [	Date D D N	
Left upper limb Impaired ROM Endurance Strength Coordination Response spece Pain reported Tone Sensation Other (specify)	Right upper limb Impaired ROM Endurance Strength Coordination Response spector Pain reported Tone Sensation Other (specify)	Left lower limb Impaired ROM Endurance Strength Coordination ed Response speed Pain reported Tone Sensation	Right lower limb Impaired ROM Endurance Strength Coordination Response speed Pain reported Tone Sensation Other (specify)	ROM	ported ance ation (difficulty observed in asion Expression
	be recorded in seconds)	T. 10			D
Trial 1  Comments/function	Trial 2	Trial 3 Average s	score Normativ	e score	Distractions
On-road asses  Traffic Light Moderate		route  Parking (90° angle, reverse parallel)	Road conditions  Wet  Dry	Date D D N  Test vehicle Automatic Manual	Hand controls Indicator adaptation Left accelerator
Heavy	Complex intersections	Other (specify)	Familiar areas Unfamiliar areas	Power steering Spinner knob	Other (specify)
Specify	Local area route	Open area standard route	Familiarisation dr	ive completed	Yes No
Areas (suburbs/town	ns)		Tim	е	Duration
Performance errors  Fail errors					
Summary/functional	Llimitations				

## Occupational therapy driver evaluation on-road report



Na	me of applicant							Date of birth			
Licence/learner permit no.											
Na	me of assessor							Date			
Ple	ase tick all circles that apply – a tick ind	cates improve	ement is nee	eded. Circ	les not ti	icked indic	cate compe	etent skills were observ	ed.		
		Details									
1.	Intersection negotiation Signalling Approach speed Sign/Signal obedience Observation Right of way Gap selection										
2a	Lane changing Mirrors/Use Signalling Gap selection Shoulder check Speed control										
2b	Turning movements										
	3 pt turn/90° park										
3	Lane use  Lane keeping Position on road										
4	Clearance from vehicles Parked cars Following distance										
5a	Speed control  Exceeds the legal limit Too fast for conditions Too slow for conditions										M A
5b	Vehicle control										Š
6	Response to a hazard (please specify details)										-
7a	Road rules										
7b	Other (please specify details)										
C	omments										TOTAL MARKET TO ME A MARKET TO ME A MARKET TO ME

