Occupational therapy driver evaluation



To be completed by an occupational therapist qualified to conduct driver assessments. Please print clearly using BLOCK letters or type in sentence case.			ts.	Driver licence/learner permit no.						
Licence / Permit type Licence / Permit status					Licence/permit expiry date					
Learner permit Current										
	Car		Not licenced		Disclaimer					
Motorcycle Cancelled/suspended				In the case of a favourable			e is implied that the			
Bus/Truck					client will be collision-free in the future.					
Cli	ent detai	ls								
Su	rname				Date o	of birth				
Fir	st given nam	е		Se	econd given name					
Но	me address						Postcode	e		
Но	me phone			W	/ork phone					
Me	edical inf	ormation	Medical report attached Yes		No Medical report with the	e Medi	cal Review Team	Yes No		
		ide date of onse								
		al/psychiatric h								
ne	ievani ineulo	ai/psychiathic h	istory							
Me	edication									
Vis	sion asse	ssment								
	Yes	No	Is an examination by an ophthalmologist or optometrist recommended?		Visual acuity, unaided Visual acuity, aided		Binocular	6/		
	Yes	No	Are corrective lenses recommended to be worn when driving?		visuai acuity, aiucu		Binocular	6/		
	Yes	No	Has the client lost vision in one eye?		Comments					
	Full	Reduced	Fields (confrontation test)							
Q _D	commen	datione								
1.	Yes	No	Is the client fit to hold a licence to drive a car?	9.	Yes No N/A	ls m	notorcycle/bus/tru	ck assessment indicated?		
2.	Yes	No	Is driver rehabilitation required?		When/rationale		,			
3.	Yes	No	Is a conditional licence required restricting client to only drive with a driving instructor/OT in a dual control vehicle?	10.	. Yes No R	Recom	mend future med	lical review?		
4.	Yes	No	Are other licence conditions required?		Frequency/rationale					
	List/Comments									
				11.			t aware of this re commendations?	port		
<u>5</u> .	Yes	No	Recommend licence suspension?		Therapist's details (please use BLOCK letters or official stamp)					
6.	Yes	No	Recommend licence cancellation?		Name of therapist					
7.	Yes	No	Recommend future OT on-road reassessment	?	Address					
	Frequency/	rationale/								
					Postcode		AHPRA reg'n n	0.		
					Phone		Date D D			
3.	Yes	No N	I/A Does client want to keep motorcycle/bus truck licence?	3/	Signature of therapist					

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Please cross all circles th		(functional issues relevant to d	driving) D	ate D D M M Y Y Y
Left upper limb	at apply – a cross indicates tha Right upper limb	at a problem exists. Left lower limb	Right lower limb	Neck
Impaired	Impaired	Impaired	Impaired	ROM
ROM	ROM	ROM	ROM	Pain reported
			Endurance	·
Endurance	Endurance	Endurance		Trunk
Strength	Strength	Strength	Strength	ROM
Coordination	Coordination	Coordination	Coordination	Pain reported
Response speed	Response spee	d Response speed		Sitting balance
Pain reported	Pain reported Tone	Pain reported	Pain reported	ROM
Tone		Tone	Tone	Communication (difficulty observed in)
Sensation	Sensation	Sensation	Sensation	Comprehension Expression
Other (specify)	Other (specify)	Other (specify)	Other (specify)	Impaired Impaired
Reaction time (to be	recorded in seconds)			
Trial 1	Trial 2	Trial 3 Averag	e score Normative	e score Distractions
Cognitive function (a Thought processin Behaviour	difficulty observed in the follo g Perception Insight	wing area) Concentration Praxis	Comments	
	ing Planning/proble	em solving Attention		
Memory and learning		em solving Attention isfactory Unsatisfactory		
Memory and learni		isfactory Unsatisfactory	D	ate D D M M Y Y Y Y
Memory and learni Road law and road o On-road assessm	craft knowledge Sat	isfactory Unsatisfactory		ate D D M M Y Y Y Y Fest vehicle Hand controls
Memory and learni Road law and road o On-road assessm	craft knowledge Sat	isfactory Unsatisfactory		
Memory and learni Road law and road o On-road assessm Traffic	eraft knowledge Sat nent – description of I Manoeuvres	isfactory Unsatisfactory	Road conditions	Test vehicle Hand controls
Memory and learning Road law and road of the control of the contro	craft knowledge Sat nent – description of I Manoeuvres Standard lane changes	route Parking (90° angle, reverse parallel)	Road conditions T	Fest vehicle Automatic Manual Hand controls Indicator adaptation Left accelerator
Memory and learni Road law and road o On-road assessm Traffic Light	craft knowledge Sat nent – description of r Manoeuvres Standard lane changes Complex lane changes	route Parking (90° angle,	Road conditions Wet Dry	Fest vehicle Hand controls Automatic Indicator adaptation
Memory and learning Road law and road of On-road assessment Traffic Note Light Moderate	craft knowledge Sat nent – description of I Manoeuvres Standard lane changes Complex lane changes Standard intersections	route Parking (90° angle, reverse parallel)	Road conditions Wet Dry Familiar areas Unfamiliar areas	Fest vehicle Automatic Manual Power steering Spinner knob Hand controls Indicator adaptation Left accelerator Other (specify)
Memory and learning Road law and road of the control of the contro	craft knowledge Sat nent – description of r Manoeuvres Standard lane changes Complex lane changes Standard intersections Complex intersections	route Parking (90° angle, reverse parallel) Other (specify)	Road conditions Wet Dry Familiar areas Unfamiliar areas	Fest vehicle Automatic Manual Power steering Spinner knob Hand controls Indicator adaptation Left accelerator Other (specify) Yes No
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Occupational therapy driver evaluation on-road report



Na	me of applicant				Date of birth			
Lic	ence/learner permit no.							
Na	me of assessor				Date			
Please tick all circles that apply – a tick indicates improvement is needed. Circles not ticked indicate competent skills were observed.								
	iver skills	Details						
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							
52	Speed control							
Ja	Exceeds the legal limit						٩	
	Too fast for conditions						9 2.1 2.1 2.1 2.1 3.1 4.1 4.1 4.1 4.1 4.1 4.1 4.1 4.1 4.1 4	
5h	Too slow for conditions Vehicle control						× to	
6	Response to a hazard						2	
Ů	(please specify details)						200	
7a	Road rules							
7b	Other (please specify details)						- to	
							0.00	
С	omments						DINOUTES 11/24 & uthorised by the Denortheen of Transport and Dinning 1 Spring Street Well	
							+ X	
							i de si i de s	
							A Aurt	
							7. 7.	
							CON	

