

# 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.

## Licence / Permit type

- Learner permit
- Car
- Motorcycle
- Bus/Truck

## Licence / Permit status

- Current
- Not licenced
- Cancelled/suspended

Driver licence/learner permit no.

Licence/permit expiry date  D  D  M  M  Y  Y  Y  Y

## Disclaimer

In the case of a favourable report, no assurance is implied that the client will be collision-free in the future.

## Client details

Surname		Date of birth		D	D	M	M	Y	Y	Y	Y
First given name		Second given name									
Home address								Postcode			
Home phone						Work phone					

## Medical information

Medical report attached  Yes  No Medical report with the Medical Review Team  Yes  No

Diagnosis (include date of onset)
Relevant medical/psychiatric history
Medication

## Vision assessment

- Yes  No Is an examination by an ophthalmologist or optometrist recommended?
- Yes  No Are corrective lenses recommended to be worn when driving?
- Yes  No Has the client lost vision in one eye?
- Full  Reduced Fields (confrontation test)

Visual acuity, **unaided**

Binocular	6/
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Visual acuity, **aided**

Binocular	6/
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Comments

## Recommendations

- 1.  Yes  No Is the client fit to hold a licence to drive a car?
- 2.  Yes  No Is driver rehabilitation required?
- 3.  Yes  No Is a conditional licence required restricting client to only drive with a driving instructor/OT in a dual control vehicle?
- 4.  Yes  No Are other licence conditions required?

List/Comments

- 5.  Yes  No Recommend licence suspension?
- 6.  Yes  No Recommend licence cancellation?
- 7.  Yes  No Recommend future OT on-road reassessment?

Frequency/rationale

- 8.  Yes  No  N/A Does client want to keep motorcycle/bus/truck licence?

- 9.  Yes  No  N/A Is motorcycle/bus/truck assessment indicated?

When/rationale

- 10.  Yes  No Recommend future medical review?

Frequency/rationale

- 11.  Yes  No Is client aware of this report and recommendations?

## Therapist's details (please use BLOCK letters or official stamp)

Name of therapist	
Address	
Postcode	AHPRA reg'n no.
Phone	Date <input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
Signature of therapist	

## Clinical assessment – physical function *(functional issues relevant to driving)*

Please cross all circles that apply – a cross indicates that a problem exists.

Date 

D	D	M	M	Y	Y	Y	Y
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### Left upper limb

- Impaired
- ROM
- Endurance
- Strength
- Coordination
- Response speed
- Pain reported
- Tone
- Sensation
- Other *(specify)*

### Right upper limb

- Impaired
- ROM
- Endurance
- Strength
- Coordination
- Response speed
- Pain reported
- Tone
- Sensation
- Other *(specify)*

### Left lower limb

- Impaired
- ROM
- Endurance
- Strength
- Coordination
- Response speed
- Pain reported
- Tone
- Sensation
- Other *(specify)*

### Right lower limb

- Impaired
- ROM
- Endurance
- Strength
- Coordination
- Response speed
- Pain reported
- Tone
- Sensation
- Other *(specify)*

### Neck

- ROM
- Pain reported

### Trunk

- ROM
- Pain reported

### Sitting balance

- ROM

### Communication *(difficulty observed in)*

#### Comprehension

- Impaired

#### Expression

- Impaired

## Reaction time *(to be recorded in seconds)*

Trial 1	Trial 2	Trial 3	Average score	Normative score	Distractions
Comments/functional impact					

## Cognitive function *(difficulty observed in the following area)*

- Thought processing
- Perception
- Concentration
- Behaviour
- Insight
- Praxis
- Memory and learning
- Planning/problem solving
- Attention

Comments


## Road law and road craft knowledge

- Satisfactory
- Unsatisfactory

## On-road assessment – description of route

Date 

D	D	M	M	Y	Y	Y	Y
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### Traffic

- Light
- Moderate
- Heavy

### Manoeuvres

- Standard lane changes
- Complex lane changes
- Standard intersections
- Complex intersections
- Parking *(90° angle, reverse parallel)*
- Other *(specify)*

### Road conditions

- Wet
- Dry
- Familiar areas
- Unfamiliar areas

### Test vehicle

- Automatic
- Manual
- Power steering
- Spinner knob

- Hand controls
- Indicator adaptation
- Left accelerator
- Other *(specify)*

### Specify

- Local area route
- Open area standard route

Familiarisation drive completed

- Yes
- No

Areas <i>(suburbs/towns)</i>	Time	Duration
Performance errors		
Fail errors		
Summary/functional limitations		

This report includes additional 3rd page of on-road details  Yes  No

