

Medical Driving Assessment Referral Form

Date:	Name of Referrer/GP:		
Client name:			
DOB:	NHI no.		
Address:			
Tel:	Mobile:		
Email:			
Reason for referral:	Head Injury <input type="checkbox"/>	Medical <input type="checkbox"/>	Memory <input type="checkbox"/>
	Other <input type="checkbox"/> (please provide details)		

Diagnosis

If the client is taking any medication, please advise:

Does the client have a current valid driver's licence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has the client had an eye test in the last 12 months?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Will the client be using their own vehicle for the assessment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, is the client's vehicle roadworthy and insured?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the vehicle manual / automatic / modified? (please circle)		

Please note the following:

- ✔ The client must bring their driving licence with them to the assessment. If they do not have a current valid driving licence, OTRS will apply to NZTA for a temporary licence which will cover the client for the date and time of the driving assessment.
- ✔ If the client has not had an eye test in the last 12 months, they are required to have one before their driving assessment.
- ✔ If the client wears glasses for driving, they must bring them to the appointment, along with any other relevant medical information.
- ✔ On the day of the driving assessment the client must be accompanied by someone who can drive them home in the event that they do not pass the assessment.
- ✔ A full medical driving assessment includes a written report which will be sent to the Client, the GP and NZTA (New Zealand Transport Agency). Please ring OTRS directly regarding cost as this varies depending on the client's location.

GP Name:	Practice:
Tel:	Email:
Address:	

Would you like to receive the completed Driving Assessment Report by email or post?

Please include any other relevant information, including carer/family contact details: