



Driving Assessment & Retraining Unit

Referral Form

Ph: 9553 3000 Fax: 9553 3518

Patient Details:

Name:.....

DOB:.....

Address:.....

Phone:.....

Licence Number:.....Class:.....

General Practitioner:.....

Funding class:  NDIS  self-funded/pensioner  DVA  LTCS – Lifetime Care & Support
 other.....

I have examined the above mentioned patient and in my opinion he/she does not meet the Roads and Maritime Services (RMS) "Assessing Fitness to Drive" criteria for an unconditional licence but may be suitable for a conditional licence based on the outcome of an Occupational Therapist driving assessment.

I understand this medical referral will be forwarded to the Roads and Maritime Services (RMS) Medical Unit.

History & Examination (include list of current medications):

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Patient IS / is NOT aware that I have made this referral.

Referring Dr Details:

Name:.....

Address:.....

Phone:.....

Signature:.....

Date:.....

cc. RMS Medical Unit,
Locked Bag 14, GRAFTON 2240
Tel: 02 66402883 Fax: 02 66402894