

## Referral Form

# Driving Assessment & Training

Date of referral

### Client details

Contact for appointments

Name

Address

Email

Gender

Male  Female  Non-binary/  
genderfluid

Phone

Different identity (please specify):

Date of birth

Interpreter  
required

Yes  No

Language/cultural background e.g. ATSI

Licence no.

Expiry

License type

Manual  Auto

RMS fitness to drive medical report attached (required)

### Next of kin details

Contact for appointments

Name

Address

Email

Phone

### GP details

Name

Clinic name

Phone

Address

## Referrer details (if not doctor)

Name

Organisation  Phone

Address

## Reason for referral

Initial Assessment  Reassessment  Lessons

Other (please specify):

## Funding details

Participant number (if relevant):   Self-funding  NDIS  icare

Other funding (please specify):

Approval attached  or, quote required

### IF NDIA

NDIA (agency managed)  Self managed  Plan managed

Plan Manager name:

Email  Phone

### If icare/compensable

Name

Address

Email  Phone

CRN/Pension no.  Medicare no.

Pension  Disability  Aged

Other (please specify):

Primary disability / Impairment / Relevant health information:

**Current Functional Issues (if applicable)**

Vision	<input type="checkbox"/> Yes <input type="checkbox"/> No	Details:	<div style="background-color: #f9cb9c; height: 25px;"></div>
Communication	<input type="checkbox"/> Yes <input type="checkbox"/> No	Details:	<div style="background-color: #f9cb9c; height: 25px;"></div>
Cognition	<input type="checkbox"/> Yes <input type="checkbox"/> No	Details:	<div style="background-color: #f9cb9c; height: 25px;"></div>
Transfers	<input type="checkbox"/> Yes <input type="checkbox"/> No	Details:	<div style="background-color: #f9cb9c; height: 25px;"></div>
Mobility	<input type="checkbox"/> Yes <input type="checkbox"/> No	Details:	<div style="background-color: #f9cb9c; height: 25px;"></div>
Upper limb	<input type="checkbox"/> Yes <input type="checkbox"/> No	Details:	<div style="background-color: #f9cb9c; height: 25px;"></div>

If required, please take your medical fitness to drive report to Service NSW (RMS/RTA) to obtain a temporary licence. Please keep a copy of the medical fitness to drive and return with this referral form to [driving@royalrehab.com.au](mailto:driving@royalrehab.com.au), fax to (02)80884783 or post to :- PO Box 6, RYDE NSW 1680