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| **OCCUPATIONAL THERAPY DRIVER EVALUATION REPORT** |
| Personal Information |
| Name: | Date of Birth: |
| Address: |
| Phone Number: | Email: |
| Licence Number |
| Conditions: |
| Source of Referral: |
| Diagnosis: |
| Medical History: |
| Off Road Assessment: |
| Make and Model of Vehicle Normally Driven: |
| Past / Present Driving Experience: |
| Relevant Medical / Psychiatric History: |
| Medication: |
| Vision Assessment: |
| Hearing: | Communication: |
| Reaction Time: |

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| **UPPER LIMB FUNCTION** |

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|  | Left  | Right  | Functional implications for driving |
| Active Range of Movement |  |  |  |
| Tone |  |  |  |
| Strength |  |  |  |
| Coordination  |  |  |  |
| Pain Reported |  |  |  |
| Sensation |  |  |  |
| Endurance  |  |  |  |
| **LOWER LIMB FUNCTION** |
|  | Left  | Right  | Functional implications for driving |
| Active Range of Movement |  |  |  |
| Tone |  |  |  |
| Strength |  |  |  |
| Coordination  |  |  |  |
| Pain Reported |  |  |  |
| Sensation |  |  |  |
| Endurance  |  |  |  |

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| Neck: |
| Trunk: |
| Sitting Balance: |
| Mobility: |
| Aids used: |
| Transfers: |
| Summary of / functional impact of physical function on driving: |
| Cognitive Function: |
| Attention: |

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| Concentration: |
| Perception: |
| Memory: |
| Planning: |
| Apraxia: |
| Thought Process: |
| Behaviour and Attitude: |
| Results of Road Law and Craft Knowledge |
| Road Law Test: |
| On Road Assessment Date: |
| Description: |

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| Characteristics: |
| Non-Critical Actions: |
| Critical Actions: |
| **SUMMARY / RECOMMENDATIONS** |
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| Therapist Name: | Date: |
| Designation: |
| Signature: |