



A division of Rochester Rehabilitation

www.rochesterrehab.org/driveon

REFERRAL FORM

NAME: _____ DOB: _____ SEX: M ___ F ___

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: (____) _____ Cell (____) _____ Work: (____) _____

E-MAIL: _____

Referral for:	Beginner Driver	Experienced Driver
	<input type="checkbox"/> Permit Preparation	<input type="checkbox"/> Driver Evaluation-no equipment
	<input type="checkbox"/> Driver Evaluation	<input type="checkbox"/> Driver Evaluation-with equipment
	<input type="checkbox"/> Driver Training	<input type="checkbox"/> Driver Training
	<input type="checkbox"/> Equipment Evaluation for Passenger	

REFERRAL SOURCE: _____

Which document do you have? License Permit ID Card Expiration Date: _____

What state is your document? New York Other (specify): _____

Is your license amended for adaptive equipment? Yes No

Is your license or permit currently suspended or revoked? Yes No

When did you last operate a motor vehicle? _____

CURRENT DIAGNOSIS (please list) Onset Date: _____

- Aging
- Dementia/Cognitive Disorder : _____
- Congenital Disability: _____
- Developmental Disability: _____
- Learning Disability: _____
- Mental Health Condition: _____
- Medical Condition: _____
- Physical Impairment: _____
- Visual Impairment: _____
- Seizure within the last year? No ___ Yes ___ Date: _____

Current Medications that may affect safe driving: _____

PHYSICIAN APPROVAL AND MEDICAL SUMMARIES REQUIRED FOR ALL DRIVER EVALUATION REFERRALS
Please include admission and discharge summaries if hospitalized in the past year.
Brain Injury Diagnosis or Loss of Consciousness – Include neuropsychological evaluation and medical discharge reports.

Physician (please print name): _____

Referring Physician Specialty: GP ortho neuro gerontology psych internal med cardio Other: _____

Agency/Program: _____ Address: _____

City: _____ State _____ Zip: _____ PHONE: (____) _____

Physician's Signature _____ Date _____ REGISTRATION # _____ NPI # _____

Return completed referral to: **Rochester Rehabilitation– Drive On Services**
 1000 Elmwood Avenue, Door 5, Rochester, New York 14620
PHONE: 585.271.1894 / TOLL FREE: 1.877.823.7483 / FAX: 585.442.6883