AUTOMOBILITY
Driver Rehabilitation

Grand Rapids, MI
Phone: 616.888.1788
Fax: 616.741.2310
www.automobilityrehab.com

Driver Rehabilitation Referral

Patient/Client Info

Name_____ Date of Birth_____

Address_____ City_____ State____ Zip_____

Phone (_____)_____ Alternative Phone (_____)_____

Emergency Contact_____ Phone(_____)_____

Driver's License Status: ☐ Active License ☐ Suspended License ☐ No License ☐ Permit

Referring Provider Info

Referring Provider _____

Facility/Organization _____

Phone (_____)_____ Fax (_____)_____

Medical History

Diagnosis_____ Onset Date _____

Has the patient had a seizure within the last 6 months? No ☐ Yes ☐ Date _____

Current medications that may affect safe driving: _____

_____

Service Requested

- ☐ **Comprehensive Driving Evaluation**: Clinical occupational therapy evaluation and behind-the-wheel safety evaluation with on-road training as needed
- ☐ **Transportation Evaluation**: Assessment of modified vehicle needs – no driving

Physician Signature _____ Date_____

Please attach office notes and fax to Automobility Driver Rehabilitation: (616)741-2310

A written report with evaluation/training results and recommendations will be faxed to the referring provider upon completion of service.