DRIVER EVALUATION REHABILITATION CENTRE

MEDICAL INFORMATION and REFERRAL FORM

(to be completed by family physician and/or medical specialist)

Client Name: ____ Sex: M ☐ F ☐

Address: ____

City ______________________________ Province: ______________ Postal Code ________________

Home Phone: _________________________ Work Phone: ______________________________

Date of Birth: ______/______/_______ Driver's License Number.: _________________________________
Year Month Day

Reason for Referral: ☐ Driver Assessment ☐ Hand Controls Assessment / Vehicle Modification Assessment

☐ Other _________________________________

Driver's License Suspended (please check) Yes ☐ No ☐

Date of Notification to Ministry of Transportation if suspended: ____________________________________

Name of Medical Professional who recommended suspension: ____________________________________

Relevant Medical History:

____

History of Seizures: Yes ☐ No ☐ Date of Last Seizure: _______________________________________

List of Current Medications: (include dosages and frequencies): (attach list if required)

____

Vision: (please check all that are applicable) Normal ☐ Requires Eyeglasses: for distance ☐ for reading ☐

Vision Test Required: Yes ☐ No ☐ Vision Testing arrangements have been made: Yes ☐ No ☐
MTO Vision requirements: 20/50 in both eyes and 120 degrees of peripheral vision, 15% above and below eye level

Medical Update: Has a recent medical report been placed on the MTO medical review file? Yes ☐ No ☐
NOTE: An up-to-date medical report must be included with this referral unless it is already on the patient's medical file at the MTO

Medical Specialist/Family Physician: ____

Address: ____

City: __________________________ Province: ________________ Postal Code: _______________

Telephone: ____________________________ Facsimile: ________________________________

Signature: ____ Date: ____________________________

For Referral: Mail/Fax **ALL** referral information to:

Driver Evaluation Rehabilitation Centre,
541 Day's Road, Kingston, ON, K7M 3R8.
Telephone: 613-389-2350 or 1-800-334-3326/ Fax No.: 613-389-5354.