

To be completed by an occupational therapist qualified to conduct driver assessments.  
Please print clearly in ink using BLOCK letters.

## Licence / Permit type

- Learner permit  
 Car  
 Motorcycle  
 Bus/Truck

## Licence / Permit status

- Current  
 Not licenced  
 Cancelled/suspended

Driver licence/learner permit no.

Licence/permit expiry date  D  D  M  M  Y  Y  Y  Y

## Disclaimer

In the case of a favourable report, no assurance is implied that the client will be collision-free in the future.

## Client details

Surname		Date of birth		D	D	M	M	Y	Y	Y	Y
First given name		Second given name									
Home address										Postcode	
Home phone		Work phone									

## Medical information

Medical report attached  Yes  No      Medical report with VicRoads  Yes  No

Diagnosis *(include date of onset)*

Relevant medical/psychiatric history

Medication

## Vision assessment

- Yes  No      Is an examination by an ophthalmologist or optometrist recommended?
- Yes  No      Are corrective lenses recommended to be worn when driving?
- Yes  No      Has the client lost vision in one eye?
- Full  Reduced      Fields *(confrontation test)*

Visual acuity, **unaided**      Binocular      6/  
 Visual acuity, **aided**      Binocular      6/

Comments

## Recommendations

- Yes  No      In your opinion, is the client fit to hold a licence to drive a car? *(If Yes, complete questions 1 and 2. If No, complete question 3.)*

- Yes  No  N/A      Does the client want to keep his/her motorcycle/bus/truck licence?
- Yes  No  N/A      Is a motorcycle/bus/truck assessment indicated?

1.  Yes  No      Is a conditional licence required?

If so, conditions of licence

Comments

When is the assessment likely?

- Yes  No      Is the client aware of the recommendations contained in this report and that this report will be forwarded to VicRoads?

2.  Yes  No      Are future occupational therapy reassessments recommended?

If so, why and when?

## Therapist's details *(please use BLOCK letters or official stamp)*

Name of therapist

Address

Postcode

Phone      VicRoads reg'n no.

Signature of therapist

Date  D  D  M  M  Y  Y  Y  Y

3.  Cancel/suspend licence       Driver rehab       On-road reassessment       Surrender licence

Comments

# Occupational therapy driver evaluation

## Clinical assessment - physical function *(functional issues relevant to driving)*

Date 

D	D	M	M	Y	Y	Y	Y
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Please cross all circles that apply - a cross indicates that a problem exists.

### Left upper limb

- Impaired
- ROM
- Endurance
- Strength
- Coordination
- Response speed
- Pain reported
- Tone
- Sensation
- Other *(specify)*

### Right upper limb

- Impaired
- ROM
- Endurance
- Strength
- Coordination
- Response speed
- Pain reported
- Tone
- Sensation
- Other *(specify)*

### Left lower limb

- Impaired
- ROM
- Endurance
- Strength
- Coordination
- Response speed
- Pain reported
- Tone
- Sensation
- Other *(specify)*

### Right lower limb

- Impaired
- ROM
- Endurance
- Strength
- Coordination
- Response speed
- Pain reported
- Tone
- Sensation
- Other *(specify)*

### Neck

- ROM
- Pain reported

### Trunk

- ROM
- Pain reported

### Sitting balance

- ROM

### Communication *(difficulty observed in)*

#### Comprehension

- Impaired

#### Expression

- Impaired

## Reaction time *(to be recorded in seconds)*

Trial 1	Trial 2	Trial 3	Average score	Normative score	Distractions
Comments/functional impact					

## Cognitive function *(difficulty observed in the following area)*

- Thought processing
- Behaviour
- Memory and learning
- Perception
- Insight
- Planning/problem solving
- Concentration
- Praxis
- Attention

Comments

## Road law and road craft knowledge

- Satisfactory
- Unsatisfactory

## On-road assessment - description of route

### Traffic

- Light
- Moderate
- Heavy

### Manoeuvres

- Standard lane changes
- Complex lane changes
- Standard intersections
- Complex intersections
- Parking *(90° angle, reverse parallel)*
- Other *(specify)*

### Road conditions

- Wet
- Dry
- Familiar areas
- Unfamiliar areas

### Test vehicle

- Automatic
- Manual
- Power steering
- Spinner knob

- Hand controls
- Indicator adaptation
- Left accelerator
- Other *(specify)*

Areas <i>(suburbs/towns)</i>	Time	Duration
Non-critical actions		
Critical actions		
Summary/functional limitations		