

REFERRAL FORM

Indigo provides Occupational Therapy Driver Assessments.

An Occupational Therapy (OT) Driver Assessment may be needed to find out the impact of a person's disability or medical condition on commencing, maintaining or returning to driving. Assessments are conducted by a Driver Trained Occupational Therapist and include a clinical off-road assessment and practical on road driving assessment done together with a driving instructor experienced in rehabilitation. A driver vision screen is required and must be completed and signed by an Optometrist or Ophthalmologist prior to assessment, the form includes more than acuity readings.

Department of Transport (DoT) Mandatory Reporting of Medical Conditions requires that all drivers report any permanent or long-term medical condition or disability that may impair their ability to drive. For more information:

<https://www.transport.wa.gov.au/licensing/report-a-medical-condition.asp>

FEES are payable for OT Driver Assessment (Fees are payable prior to or on the day of assessment.)

Funding /subsidy assistance may be available through:

- Private Health Funds - ancillary (Billing codes H100 and A022) for full fee-paying clients.
- National Disability Insurance Scheme (NDIS) participants – Indigo is a registered provider, if the client is in a NDIS area and has a medical condition or disability that may entitle them to funding, they must make application NDIS for funding prior to being considered for other funding
- **Disability Equipment Grant (DEG) subsidy program** for people with disabilities who require an OT Driver Assessment. If they meet the eligibility criteria (see below), they **will pay a lesser amount.**

DEG Eligibility: Please note the subsidy is income assessed.

- holders of a current Centrelink Pension Concession Card (PCC) are eligible for the subsidy.
- people over 65 years must hold a current Centrelink PCC to be eligible.
- other income earners are assessed on gross annual income according to the table below.

Status	Gross annual income
Single	Up to \$60,000
Couple (no children)	Up to \$85,000 (combined income)
Family with dependent children	Up to \$95,000 (combined income)

Incomes over these amounts are not eligible for the DEG subsidy

HOW TO REFER: COMPLETE ALL SECTIONS OF REFERRAL FORM

Electronic referral form is available on the Indigo website www.indigosolutions.org.au

Doctor or health professional to complete all sections of referral form and forward to Indigo, either electronically driving@indigosolutions.org.au, fax or post.

INDIGO CONTACT DETAILS:

Indigo OTDA
13 / 386 Wanneroo Road, WESTMINSTER WA 6061
Phone: 9381 0635 Fax: (08)9381 0688

E-mail: driving@indigosolutions.org.au

INDIGO OCCUPATIONAL THERAPY DRIVER ASSESSMENT

REFERRAL— valid for 6 months from date of referral unless significant changes to client's medical condition

ALL SECTIONS MUST BE COMPLETED

REFERRAL DETAILS		Date of Referral:	URGENT: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Referrer Name and Title:			Dept.:	
Address				
Telephone		Fax:	Email:	
**Client fit to undertake assessment (Dr sign)		Signature:	Approving Practitioner Name (if not referrer)	
**Client Consent for details forwarded to Department of Transport		Signature:	**required if no current licence/permit or expires within 3 months of referral date	
CLIENT INFORMATION Please note this information may be forwarded to the Department of Transport				
Name	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other: <input type="checkbox"/>			DOB
	Surname:		Given Names:	
Street Address				M <input type="checkbox"/> F <input type="checkbox"/>
Suburb				Postcode
Telephone	Mobile:		Email:	
Pensioner	Yes <input type="checkbox"/> No <input type="checkbox"/> Centrelink PCC No: CRN		Expiry Date:	
Other Contact - Carer/Family	Name:		Ph.:	
	Relationship:		Mob: Email:	
General Practitioner (GP)	Name:			Phone:
	Address			Phone:
Reason for Referral	Fitness to Drive <input type="checkbox"/> Modifications <input type="checkbox"/>		First time driver <input type="checkbox"/> Other <input type="checkbox"/> Specify:	
Current Drivers Licence	Yes <input type="checkbox"/> No <input type="checkbox"/> Licence no:		Expiry Date	
	Classes:		Last driven	
Current Vehicle	Yes, <input type="checkbox"/> No <input type="checkbox"/> Auto <input type="checkbox"/> Manual <input type="checkbox"/> Make and model:			
MEDICAL INFORMATION				
Main Concern	Please give your main concern about your patient's ability to drive.			
Diagnosis/ Disability				
Date of onset				
Other Relevant Medical Conditions				
Medications – Include dosage	Attach separate list if necessary			
IMPAIRMENT DETAILS				
Vision				Visual Aids Yes <input type="checkbox"/> No <input type="checkbox"/>
Motor				
Sensation				
Perception				
Cognition				
Behaviour				
Communication				Interpreter needed: Yes <input type="checkbox"/> No <input type="checkbox"/>

Please ensure the client is aware of this referral and that fees are charged

Send completed referral to Indigo OT Driver Assessment by Fax, Email or post

Indigo, Unit 13 / 386 Wanneroo Road, WESTMINSTER WA 6061

Phone: (08) 9381 0635

Fax: (08) 9381 0688

Email: driving@indigosolutions.org.au