

REFERRAL FORM

Indigo provides Occupational Therapy Driver Assessments.

An Occupational Therapy (OT) Driver Assessment may be necessary to determine if a person's disability or medical condition is affecting their ability to commence, maintain or return to driving.

Assessments are conducted by a Driver Trained Occupational Therapist and include a clinical off-road assessment and practical on road driving assessment completed with a driving instructor experienced in rehabilitation.

If the client has any known vision concerns 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. Please ensure at the time of referral the customer is aware of this referral and that fees are charged.

Individuals may be eligible for the below funding or subsidies to assist with fees, depending on their eligibility:

- **Private Health Insurance** (ancillary billing codes H100 and A022).
- **National Disability Insurance Scheme (NDIS)** Indigo is a registered provider; participants must check their eligibility for NDIS prior to being considered for alternative funding.

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 must complete all sections of referral form and forward to Indigo, either by email, fax or post.

INDIGO CONTACT DETAILS:

Indigo

11 Aberdare Road, NEDLANDS WA 6009 Telephone: 9381 0600 Fax: (08) 9381 0611

E-mail: driving@indigosolutions.org.au

Customers need to read and sign the below form prior to an indigo referral being accepted.

CONSENT TO COLLECT and RELEASE INFORMATION

This consent will remain current for 12 months and can be withdrawn at any time.

Collection and Privacy Statement

We collect your information for the primary purpose of providing a Driving Assessment and Lessons. With your consent, your details will be added to our client management system and will only be accessed for the purpose for which they were collected and by those involved in providing your service. You may choose someone to liaise with us on your behalf by providing their contact details. We will only share your information with health practitioners, funders, other government departments or relevant parties as part of providing your service. You can withdraw or amend your consent at any time and can request to access and seek correction of the information which Indigo holds about you.

For further information, you may access our Privacy Policy on the Indigo Website or by contacting our Driver Assessment Team.

Occupational Driving Assessment

The occupational therapy driver assessment I am to undertake will consist of a clinical and on road assessment to assess my ability to drive a vehicle. If required, I will undertake a vision check with an Optometrist or Ophthalmologist to check basic vision standards for driving.

The clinical assessment will be completed prior to the on-road assessment and will consist of:

1. an interview to obtain information regarding my medical and driving history.
2. physical and sensory screen; and
3. cognitive and perceptual screen.

The on-road assessment will consist of:

- a drive through a predetermined route in a dual controlled vehicle.
- A qualified driving instructor will be seated in the front passenger's seat.
- The occupational therapist will document the situations occurring throughout the drive.

Following the assessment process, the occupational therapist will collate the information and complete a report to be sent to relevant parties.

Drug and Alcohol Policy

Customers wishing to undertake driving lessons or participate in on-road clinical assessment of driving behaviour, may be required to undertake a breathalyser and/or drug saliva test. Kits in use meet the Australian Standard for alcohol (AS 3547-1997) and drug (AS 4760:200) testing.

Should an individual not consent to participate in testing as required or provide a positive result, then the driving lesson or assessment as planned will not continue. The referring practitioner will be advised.

Driving Infringements

The customer is responsible for any infringements incurred on-road in a driving assessment and all forms of driver training (for instance, speeding fines, red light cameras or any other road/ traffic offence).

I give consent to Indigo Australasia Inc (Indigo) to collect, electronically store, use and disclose my information as relevant to the delivery of my services.

Name: _____ Address: _____

Signature: _____ Date: _____

INDIGO OCCUPATIONAL THERAPY DRIVER ASSESSMENT - ALL SECTIONS MUST BE COMPLETED

| | | | | | |
|--|--|---|--|--|--|
| REFERRAL DETAILS | | Date of Referral: | | URGENT: Yes No | |
| Referrer Name: Organisation/Practice Name: Telephone: Fax: Email: | | | | | |
| Referrer Signature Required: | | | | | |
| Customer INFORMATION | | Please ensure the customer is aware of this referral and that fees are charged | | | |
| Name | Mr | Mrs | Ms | Miss | Other: |
| | DOB: | | | | |
| Surname: | | | First name: | | |
| Address | Suburb: | | Postcode: | | |
| Telephone | Home: | | Mobile: | | |
| Interpreter | Yes <input type="checkbox"/> | | Language | | |
| NDIS | NDIS Number: | | Plan Start Date: | | |
| | Self-Managed: <input type="checkbox"/> | | NDIA Managed: <input type="checkbox"/> | | Plan Managed: <input type="checkbox"/> |
| Other Contact - Carer/Family | Name: | | | Ph: | |
| | Relationship: | | | Mob: | |
| General Practitioner (GP) (if not referrer) | Primary Contact (contact on behalf of customer): Yes <input type="checkbox"/> No <input type="checkbox"/> | | | Email: | |
| | Name: | | | | |
| Reason for Referral | Practice Name: | | Phone: | | |
| | Fitness to Drive <input type="checkbox"/> Modifications <input type="checkbox"/> First time driver <input type="checkbox"/> Other <input type="checkbox"/> | | | | |
| Current Drivers Licence | No <input type="checkbox"/> | Licence no: | | Classes: | |
| Current Vehicle | Last driven: | | Expiry Date: | | |
| | Auto <input type="checkbox"/> Manual <input type="checkbox"/> | | Make and model: | | |
| MEDICAL INFORMATION | | Please give your main concern about your patient's ability to drive. | | | |
| Diagnosis/ Disability | | | | Date of Onset: | |
| Other Relevant Medical Conditions | | | | | |
| Medications | <input type="checkbox"/> Medication Summary Attached (Including Dosage) | | | | |
| IMPARTMENT DETAILS - Please comment on any impairment selected below. | | | | | |
| Vision | <input type="checkbox"/> *Driver Vision Screen by Optometrist / Ophthalmologist may be required. | | | Visual Aids Yes <input type="checkbox"/> | |
| Motor | <input type="checkbox"/> | | | | |
| Sensation | <input type="checkbox"/> | | | | |
| Perception | <input type="checkbox"/> | | | | |
| Cognition | <input type="checkbox"/> | | | | |
| Behaviour | <input type="checkbox"/> | | | | |
| Communication | <input type="checkbox"/> | | | | |