

SELF REFERRAL FORM: Learner Drivers

Indigo provides Occupational Therapy Driver Assessments.

Customers can self-refer into the service if they have a valid learner permit from the Department of Transport. A copy of the learners permit front and back is required to complete a self-referral form.

Please contact the Department of Transport directly to apply for a learner's permit. A computer-based theory test needs to be completed and the Department of Transport may seek further clarification regarding your current medical conditions.

Please note that the Department of Transport (DoT) Mandatory Reporting of Medical Conditions requires 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>

If you are unable to obtain a learner's permit due to medical concerns, a referral from a health professional is required to proceed with an assessment.

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.

FEES are payable for OT Driver Assessment

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.

Please complete all the relevant funding information on the below form, as this will enable our staff to set everything up in a timely manner.

HOW TO SELF REFER:

COMPLETE ALL SECTIONS OF REFERRAL FORM AND ATTACH A COPY OF YOUR CURRENT LEARNERS PERMIT.

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

REFERRAL— valid for 3 months from date of referral unless significant changes to customer's medical condition

INDIGO CONTACT DETAILS:

Indigo OTDA

11 Aberdare Road, NEDLANDS WA 6009

Telephone: 9381 0600 Fax: (08) 9381 0611 E-mail: driving@indigosolutions.org.au

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This consent will remain current for 12 months and can be withdrawn at any time.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

SELF REFERRAL FORM: Learner Drivers – ALL SECTIONS MUST BE COMPLETED

REFERRAL DETAILS		Date of Referral:		URGENT: Yes No	
Name	Mr Mrs Ms Miss Other:	DOB:			
	Surname:	First Name:			
Address	Suburb:	Postcode:			
Telephone	Home:	Mobile:			
	Email:				
Interpreter	Yes <input type="checkbox"/>	Language Required:			
Other Contact - Carer/Family	Name:	Ph.:			
	Relationship:	Mob:			
	Primary Contact (contact on behalf of customer):			Email:	
	Yes <input type="checkbox"/> No <input type="checkbox"/>				
General Practitioner (GP)	Name:				
	Practice Name:			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:				
	Permit no:	Classes:	Expiry Date:		
Current Learners Permit	A COPY OF YOUR LEARNERS PERMIT NEEDS TO BE ATTACHED				
	Hours of Driving Completed:				
Current Vehicle	Auto <input type="checkbox"/> Manual <input type="checkbox"/> Make and model:				
MEDICAL INFORMATION					
Diagnosis					
Date of onset					
Other Relevant Medical Conditions					
Medications – Include dosage	<input type="checkbox"/> Medical Summary Attached				
FUNDING INFORMATION					
NDIS Participant	NDIS Number:			<input type="checkbox"/> NDIS Plan Attached	
	Plan Start Date:			Plan Finish Date:	
	NDIA Managed: <input type="checkbox"/>		Plan Manager / Support Coordinator Contact Info:		
	Self-Managed: <input type="checkbox"/>		Name:		
	Plan Managed: <input type="checkbox"/>		Email:		