

Occupational Therapy Driver Assessment Self Referral

Document No: IDG-AH-FRM-015

Published Date: 14/01/2022

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 learner's 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

Occupational Therapy Driver Assessment Self Referral

11 Aberdare Road, NEDLANDS WA 6009

Telephone: 9381 0600 Fax: (08) 9381 0688 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 of Personal Information

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

You will be driving a vehicle provided by Indigo. The vehicle is fitted with dual controls to ensure safety. The dual controls will only be operated by the Driving Instructor to prevent a potential accident or teaching purposes.

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. a physical and sensory screen; and
3. a 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.

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.

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

Occupational Therapy Driver Assessment Self Referral

offence).

I give consent for the Indigo Australasia Inc (Indigo) to electronically store my information and share my information to external sources as relevant to the delivery of my services.

Name: _____

Address: _____

Date: _____

Signature:

X

Occupational Therapy Driver Assessment Self Referral

REFERRAL DETAILS		Date of Referral:	URGENT: Yes <input type="checkbox"/> No <input type="checkbox"/>
Name	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other:	DOB:	
	Surname:	First Name:	
Address	Suburb:	Postcode:	
Telephone	Home:	Mobile:	
Interpreter	Yes <input type="checkbox"/>	Language Required:	
Other Contact - Carer/Family	Name:	Ph.:	
	Relationship: Primary Contact (contact on behalf of customer): Yes <input type="checkbox"/> No <input type="checkbox"/>	Mob: Email:	
General Practitioner (GP)	Name:	Phone:	
Reason for Referral	Practice Name:		
Current Learners Permit	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:
	A COPY OF YOUR LEARNERS PERMIT NEEDS TO BE ATTACHED		
Current Vehicle	Hours of Driving Completed:		
	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 Finnish Date:	
	NDIA Managed: <input type="checkbox"/> Self-Managed: <input type="checkbox"/> Plan Managed: <input type="checkbox"/>	Plan Manager / Support Coordinator Contact Info: Name: Email:	

Occupational Therapy Driver Assessment Self Referral

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

11 Abdare Road, NEDLANDS WA 6009 Ph: 9381 0600 Fax: 9381 0688

Email: driving@indigosolutions.org.au