

A - 20 Palmerston St, Hamilton  
PO Box 4138, Hamilton, N.Z

Email - info@otrs.co.nz  
Web - www.otrs.co.nz

Phone - 07 838 0153  
Fax - 07 838 0152

## REFERRAL FOR Occupational Therapy Driving Assessment

Client name \_\_\_\_\_ DOB \_\_\_\_\_  
Address \_\_\_\_\_ Home phone \_\_\_\_\_  
\_\_\_\_\_ Cell phone \_\_\_\_\_  
\_\_\_\_\_ NHI/client number \_\_\_\_\_  
Diagnosis \_\_\_\_\_

**Pertinent information** – Include reason for referral, medical information, recent optical information and driving concerns

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of GP and/or specialist \_\_\_\_\_ Phone number \_\_\_\_\_  
Clinic \_\_\_\_\_  
Address \_\_\_\_\_

---

Referred by \_\_\_\_\_ Position \_\_\_\_\_  
Address \_\_\_\_\_ Phone number \_\_\_\_\_  
\_\_\_\_\_ Email \_\_\_\_\_

### Office use only

- |                                  |  |   |                                       |
|----------------------------------|--|---|---------------------------------------|
| <input type="checkbox"/> CanDAT  | <input type="checkbox"/> Driving Instructor        | <input type="checkbox"/> Modified car     | <input type="checkbox"/> Invoice sent |
| <input type="checkbox"/> On Road | <input type="checkbox"/> Temporary drivers license | <input type="checkbox"/> Client Confirmed |                                       |

Therapist \_\_\_\_\_ Date received \_\_\_\_\_  
Venue for appointment \_\_\_\_\_ Received by \_\_\_\_\_  
Date of appointment \_\_\_\_\_

### NOTICE OF CONFIDENTIAL INFORMATION

All of the material in this message is confidential to the addressee and protected by legal privilege. If the reader is not the intended recipient, please note that you may not use any material in this message nor pass it on to others. Please notify OTRS promptly of your having received this message and OTRS will arrange collection at their expense. Please do not copy this document. Phone 07 8380153, Fax, 07 8380152.