

# MPOT/ACCESS FITNESS

## OCCUPATIONAL THERAPY DRIVER ASSESSMENT

### REFERRAL FORM

MPOT™

ACCESS  
FITNESS

Referral Date: \*

#### IMPORTANT:

Is a Certificate of Medical Fitness to Drive from DPTI attached?

MR712 - "Certificate of Fitness to Drive Light Vehicle (Private)" – including Class C

MR713 - "Certificate of Fitness to Drive Heavy Vehicle"

A copy of these forms can be downloaded from either [www.dpti.sa.gov.au](http://www.dpti.sa.gov.au) or [www.sa.gov.au](http://www.sa.gov.au)

**NOTE: This form is only required if your licence has been medically suspended or you have been advised by your Doctor not to drive.**

#### PART A – CLIENT INFORMATION \* Required Information

Full Name: \*

Phone / Mobile: \*

Address: \*

Date of Birth: \*

Claim Number (if relevant):

Driver's Licence held? \*

YES  NO

If YES, Type:

Expiry:

Car transmission you drive: \*

AUTO  MANUAL

Notes:

Preferred location of assessment: \*

MPOT OFFICE  HOME

#### PART B – REFERRAL INFORMATION \* Required Information

Referring Agency: \*

Contact Name: \*

Contact No: \*

Treating Doctor Details: including Address and Phone Number

Specialist Details: including Address and Phone Number

GP Details: including Address and Phone Number

Diagnosis:

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**PART C – MEDICAL AND DRIVING INFORMATION**

(please complete the fields below with as much detail as required):

<b>Date of Disability:</b>	
<b>Present Condition :</b> (including date of onset, diagnosis, symptoms)	
<b>Past Medical History :</b>	
<b>Driver's Licence and Status :</b> (eg. Medically suspended)	
<b>Driving Issues / Concerns :</b>	

**Additional Comments, Service Requests and Notes (below):**

(Please include information such as: Example - Regional client; Client will require accommodation)

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**WE RECOMMEND SAVING A COPY OF THIS FORM FOR YOUR OWN RECORDS.**

**PLEASE EMAIL COMPLETED FORM TO MPOT/ACCESS FITNESS: [referrals@mpot.com.au](mailto:referrals@mpot.com.au)**

**MPOT/ACCESS FITNESS STAFF ONLY:**

Referral Date Received: