

**UKHDI DRIVER REHABILITATION EVALUATION AND TRAINING PROGRAM
PHYSICIAN'S CONSENT FORM**

Name		DOB	
Address			
Occupation			

THIS FORM IS TO BE COMPLETED BY THE REFERRING PHYSICIAN ONLY

PATIENT'S MEDICAL HISTORY

1.) If hospitalized in the past two years, give reasons, date(s) and discharge diagnosis:

2.) Referring Diagnosis:

3.) **Has the patient ever had (if yes explain)**

YES NO

- | | | |
|---|--------------------------|--------------------------|
| Alcohol or Drug Abuse Problems | <input type="checkbox"/> | <input type="checkbox"/> |
| Cerebrovascular Disorder | <input type="checkbox"/> | <input type="checkbox"/> |
| Musculoskeletal Disorder | <input type="checkbox"/> | <input type="checkbox"/> |
| Peripheral Vascular Disorder | <input type="checkbox"/> | <input type="checkbox"/> |
| Respiratory Disorder | <input type="checkbox"/> | <input type="checkbox"/> |
| Cardiovascular Disorder | <input type="checkbox"/> | <input type="checkbox"/> |
| Diabetes or other Endocrine Disorder | <input type="checkbox"/> | <input type="checkbox"/> |
| Psychosocial, Emotional, or Mental Disorder | <input type="checkbox"/> | <input type="checkbox"/> |
| Visual or Hearing Impairment | <input type="checkbox"/> | <input type="checkbox"/> |
| Other (list) | <input type="checkbox"/> | <input type="checkbox"/> |

4.) Medications:

5.) Has the patient ever had a seizure? Yes No If "Yes" date of last seizure. Click or tap to enter a date.

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Based on my examination, this person is in an appropriate medical status to participate in a driver rehabilitation program. YES NO

Comments:

Physician Name			
Address			
Telephone		FAX	

X

Physician's Signature

Date

*******The above-named person has requested to participate in a driver evaluation, driver training and/or vehicle modification program. The evaluation will be conducted by a Certified Driver Rehabilitation Specialist (CDRS). The Physician's Consent is NOT the final determining factor for the person to have a driver's license. The final decision will be made on the recommendation of the Certified Driver Rehabilitation Specialist (CDRS) and by the Division of Driver License.**