



Mail to:

**DRIVER ASSESSMENT AND
REHABILITATION SERVICE**

Ramsey Lake Health Centre
41 Ramsey Lake Road
Sudbury, Ontario
P3E 5J1
Tel.: (705) 523-7098
Fax : (705) 523-7278

Name: _____

Address: _____

Phone (Home): _____

Phone (Work): _____

D.O.B.: _____

DRIVING HISTORY

- License valid
- Suspended by MTO
- Physician's orders not to drive
- Never had license

*****PLEASE MAKE SURE TO INDICATE*****

License #: _____

Change in medical condition reported to MTO by physician? Yes No

MEDICAL HISTORY

History of Illness Resulting in this Referral _____

Past Medical History _____

Medications _____

Seizure Disorder No Yes Last Seizure _____

Substance Abuse No Yes

Psychological/Behavioral Status _____

FUNCTIONAL LIMITATIONS

Physical Status _____

Cognitive Status _____

Perceptual Status _____

Mobility _____

Signature of Referring Physician _____

Printed Name _____

Office Phone # _____ Date _____

DRIVER EVALUATION IS NOT FUNDED BY THE MINISTRY OF HEALTH.