|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 or 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: | | |  | | | | | | | | | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | | | | |
| |  | | --- | | Part C – MEdical and Driving Information  (please complete the fields below with as much detail as required): | | | | | | |
| **Date of Disability:** |  |
| **Present Condition :**  (including date of onset, diagnosis, symptoms) |  |
| **Past Medical History :** |  |
| **Driver’s Licence and Status :**  (eg. Medically suspended) |  |
| **Driving Issues / Concerns :** |  |
|  | | | | | |
| **Additional Comments, Service Requests and Notes** (below)**:** | | | | | |
| (Please include information such as: Example - Regional client; Client will require accommodation) | | | | | |
| |  | | --- | |  | | **we recommend SAVING a copy of this form for your own records.** | | | | | | |
| **PLEASE EMAIL COMPLETED FORM TO MPOT/ACCESS FITNESS:** referrals@mpot.com.au | | | | | |
| MPOT/Access fitness staff only:   |  |  |  | | --- | --- | --- | | Referral Date Received: |  |  | |  | | | | | | | | |