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| --- | --- |
| Referral Date: \* |       |
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| 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: |       |

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| Part C – MEdical and Driving Information (please complete the fields below with as much detail as required): |

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| **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) |
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| **we recommend SAVING a copy of this form for your own records.** |

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| **PLEASE EMAIL COMPLETED FORM TO MPOT/ACCESS FITNESS:** referrals@mpot.com.au |
|  MPOT/Access fitness staff only:

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| Referral Date Received:  |       |  |
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