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**DRIVING EVALUATION PROGRAM  
REFERRAL FORM**

Date of request:

Year      Month      Day

CRCL file no.:

**GENERAL INFORMATION APPLICANT**

Date of birth:

Year      Month      Day

Family name:

Gender:

First name:

Medicare card number:

Exp. date:

Address:

City:

Postal code:

Telephone: Home:

Email:

Work:

Language spoken:

Other:

Occupation:

Spouse's name:

Person to contact in case of emergency:

Telephone:

Relation to the client:

Mother's name:

Father's name:

**REFERRAL SOURCE**

Name of the referral source:

Profession:

Name of institution:

Signature:

Address:

Tel:

**PLEASE ATTACH A DISCHARGE SUMMARY (if possible)**

Postal code:

**REASON FOR REFERRAL**

- Driving evaluation                       Automatic transmission                       Standard transmission  
 Training course/desensitization with the driving instructor  
 Vehicle adaptation                       Driver                       Passenger

**COMPENSATION BY A SPECIFIC PROGRAM**

YES                      NO

- SAAQ (road accident)                       CSST (work accident)                       IVAC (crime victim)

Counselor's name:

Tel:

File number:

**REQUIRED DOCUMENTS**

- Passenger (**required: written confirmation signed by the doctor of the medical condition/diagnosis**)  
 New driver (**required: medical examination report M-28**)  
 Driver (**required: medical examination report M-28**)

**Driver's license no.:**

(beginning with the first letter of the family name):

Exp. :

Is the applicant driving at the present time?     YES     NO

Comments:

## MEDICAL HISTORY

Primary diagnosis (for head trauma, please attach a neuropsychological report if possible)

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Date of accident/or onset of illness:

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Related condition (ex.: sensory, motor, cognitive, perceptual deficits) (if possible please attach O.T./physio report)

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Medical history and treatments received:

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Abilities/disabilities regarding driving and accessing a vehicle:

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Environmental/social context (ex.: lives alone, family):

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Medication:

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**INFORMATION CONCERNING USE OF EXTERNAL SUPPORT**

Can the applicant walk a short distance without help?  YES  NO

If yes, is a technical aide require? Please explain (ex. : cane, walker)

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Does the applicant use a wheelchair to get around?  YES  NO

If YES:

Manual wheelchair Model:

Motorized wheelchair Model:

Scooter Model:

Can the applicant transfer alone from the wheelchair to the driver/passenger seat?  YES  NO

If YES, please specify:  Use of a transfer board  Assistance of another person

If NO, will the driving be performed while sitting in a motorized wheelchair?  YES  NO

Is the applicant able to place the wheelchair in the vehicle?

YES Where?

NO Who is placing the wheelchair in the vehicle presently?

Don't know

If a motorized wheelchair is required, must it be transported when going out?  YES  NO

Comments:

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**INFORMATION CONCERNING VEHICLE ADAPTATION**

Should the vehicle be adapted?  YES  NO

If yes - type of vehicle  Automatic transmission  Standard transmission

Car: model Year:

Van or mini-van: mode : Year:

Other (please specify):

**PRIORITY (MUST BE COMPLETED)**

Should priority be given for this evaluation?  YES  NO

If YES, please specify

Safety (presently driving and possibly dangerous)

Caregiver security compromised

Work  School  Regular treatment (ex.: once a week)

Social and family life

Other, please comment: 

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## AUTHORIZATION FORM

I, \_\_\_\_\_ hereby authorize the Société de l'Assurance Automobile du Québec, my physician (name of physician) \_\_\_\_\_ and the source of my referral to send to the Constance Lethbridge Rehabilitation Centre whatever information may be required for my driving evaluation and to share among themselves, verbally and in writing, the information needed to ensure the quality of the services provided to me.

I authorize the CLRC sending medical forms to the SAAQ (M28, M5 and M14).

Signature: \_\_\_\_\_

Date \_\_\_\_\_

Year      Month      Day





Witness: \_\_\_\_\_

Date \_\_\_\_\_

Year      Month      Day

**Please send us a copy of your medical reports if you have them (M28, M5 and M14)**

## IMPORTANT DETAILS FOR THE APPLICANT COMING FOR THE FIRST DRIVING EVALUATION APPOINTMENT

-  **Bring your driver's license**
-  **Bring your glasses and sunglasses**
-  **Bring a list of your medication**
-  **The day of the road test it is preferable that you are accompanied with someone who is a driver**