Centre de réadaptation
LETHBRIDGE-
LAYTON-MACKAY
Rehabilitation Centre

ID-ASD-PD Access Service
3500, boul. Décarie
Montreal (Quebec) H4A 3J5
Phone: (514) 488-5552 #1250
Fax: (514) 488-8132
E-mail: guichet.ditsadp.ccomtl@ssss.gouv.qc.ca

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)

Date of accident/or onset of illness:

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

Medical history and treatments received:

Abilities/disabilities regarding driving and accessing a vehicle:

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

Medication:

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)

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:	

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:

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**