DRIVING AND HEALTH CLINIC
SPECIALIST DRIVING ASSESSMENT REFERRAL FORM

Griffith REHABILITATION HOSPITAL

Dr Lydia Huang, Dr Kirrily Holton, Dr Zoe Adey-Wakeling: Rehabilitation Physicians

Nicki Hayball: Occupational Therapist Driver Assessor

Client Details:

Surname: _____ Given Name: _____

DOB: _____ Gender: ☐ Male ☐ Female

Address: _____

_____ Post Code: _____

Home Phone: _____ Mobile: _____

Private Health Insurance Fund: _____

Member No: _____

DVA Card No: _____

Contact Details: *(If different from Client)*

Contact Person: _____ Relationship: _____

Phone No: _____

Reason for Referral:

_____

_____

_____

Priority: ☐ Urgent ☐ 2-4 weeks ☐ Non Urgent

Medical History / Medications:

_____

_____

_____

Referring Doctor Details:

Name: _____ Provider No: _____

Address: _____

_____ Post Code: _____

Phone No: _____ Fax No: _____

Signature: _____ Date: _____

General Practitioner Details: *(If different from Referring Doctor)*

Name: _____ Provider No: _____

Address: _____

_____ Post Code: _____

Phone No: _____ Fax No: _____

Please print this form when completed and fax: to (08) 8298 5520

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