

Driver Assessment and Training Referral

(R2DR.0516)

235 Morrison Rd, Ryde NSW 2112
P. (02) 9808 9328; F. (02) 8088 4783

Date of Referral: _____

FAMILY NAME _____ MRN _____
 GIVEN NAME _____ MALE FEMALE
 DoB ____/____/____ M.O. _____
 ADDRESS _____

 LOCATION/WARD _____
 COMPLETE ALL DETAILS OR AFFIX CLIENT LABEL HERE

BARCODE

Binding Margin – No Writing

Client Details		GP/Dr details	
Title	Mr/Mrs/Ms/Miss	(stamp acceptable)	
Surname			
First Name			
DOB			
Gender			
Address		Name	
		Clinic Name	
		Address	
Phone (H) (W) (M)		Phone	
		Referral Details	
Next of Kin		Name	
NOK Contact		Organisation	
Country of Birth		Address	
Language			
Interpreter	Yes/No	Phone	
Diagnosis		Reason for referral	Initial Assessment Reassessment Lessons
Licence No. Licence Class		RMS Medical Report	Completed and attached to referral? Yes/No
Vehicle.	Automatic/ Manual		
Financial Details		Compensable	Yes/No
Medicare No	_____/_	Claim Number	
Pension	Disability/Aged/Other	Insurance Company	
CRN/Pension No.		Contact Person	
Current Functional Issues (if applicable)			
Vision		Transfers	
Communication		Mobility	
Cognition		Upper Limb	
Please take medical report to the RMS (RTA) to obtain a temporary licence (if required) and, return completed referral information with a copy of RMS (RTA) Medical Report Form via:-email to driving@royalrehab.com.au , fax to (02) 8088 4783 or post to PO Box 6, RYDE NSW 1680			

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