



Driver Assessment and Training / Vehicle Modifications Medical Information Form

All parts of this form **MUST** be completed by the client's General Practitioner (GP) for referral to a certified driving Occupational Therapist (OT) for:

- **Driver Assessment** – for the purpose of identifying a potential need for a vehicle modification only. This assessment is not to determine fitness or cognitive ability to drive or driver rehabilitation.
- **Driver training/lessons**
- **Vehicle Modifications** for the driver or passenger.

Clients must have a clinical need for a vehicle modification and/or a driving assessment **due to a war-caused injury (WCI), disease or an accepted condition (AC)**. War widows/ers or dependents are not eligible for vehicle modifications and driving assessments.

There is a limit of one vehicle modification and one driving assessment per client. Requests exceeding this limit may be considered if adequate clinical justification is provided.

Please refer to the *Rehabilitation Appliances Program – National Guideline*. Provider Hotline: **1800 550 457** – choose Option 1 for Aids & Appliances provided under the Rehabilitation Appliances Program (RAP).

Privacy notice – Personal information is protected by law, including the *Privacy Act 1988*. Personal information may be collected by the Department of Veterans' Affairs (DVA) for the delivery of government programs for war veterans, members of the Australian Defence Force, members of the Australian Federal Police and their dependants.

Go to www.dva.gov.au/privacy for more information about how DVA manages personal information.

No duplication of government funded services

It is the responsibility of the requesting health provider to check the client is not accessing the same service/aid through more than one government service e.g. National Disability Insurance Scheme (NDIS) and RAP.

GP / LMO's details	
Provider Stamp <i>(if applicable)</i>	Name <input style="width: 90%; border: none; border-bottom: 1px solid black;" type="text"/>
	Provider number <input style="width: 70%; border: none; border-bottom: 1px solid black;" type="text"/>
	Practice address <input style="width: 85%; border: none; border-bottom: 1px solid black;" type="text"/>
	Postcode <input style="width: 10%; border: none; border-bottom: 1px solid black;" type="text"/>
	Phone number <input style="width: 70%; border: none; border-bottom: 1px solid black;" type="text"/>
	Email address <input style="width: 95%; border: none; border-bottom: 1px solid black;" type="text"/>

Client details

Note: The client must have a Gold or White Card and a clinical need for a vehicle modification due to a **war caused injury, disease or accepted condition**. Driver assessments are to establish required vehicle modifications. DVA does not fund fitness to drive assessments. War widows/ers or dependents are not eligible.

Client's surname	<input type="text"/>
Given name(s)	<input type="text"/>
Date of birth	<input type="text"/>
DVA File number	<input type="text"/>
Card type	<input type="checkbox"/> Gold <input type="checkbox"/> White
WCI/Disease/AC	<input type="text"/>
Client's address	<input type="text"/>
	Postcode <input type="text"/>
Client's phone number	<input type="text"/>
Email	<input type="text"/>

Type of request

Request type	<input type="checkbox"/> Driver assessment *	<input type="checkbox"/> Vehicle modification for driver
	<input type="checkbox"/> Driver Training/Lessons	<input type="checkbox"/> Vehicle modification for passenger

* Driver assessments are to establish required vehicle modifications. DVA does not fund fitness to drive assessments.

Medical Assessment of Clinical Appropriateness

Clinical conditions

Describe all the clinical conditions that affect this client's ability to drive a vehicle and/or travel as a passenger


Driver's vision

Best Corrected Visual Acuity Right Left

Field of vision Full
 Reduced - Give details

Is the client colour blind? No Yes

Any current eye conditions? No
Yes Give details

Is an assessment by an Ophthalmologist required? No
Yes  Please attach report

Safe usage – Driver and passenger

Is the client and/or driver aware they must comply with the relevant state or territory road usage legislation?

No Yes

Has the client and/or driver been made aware and do they understand the use of alcohol, medication (prescription and over the counter) and illicit drugs may impair their ability to safely drive the vehicle?

No Yes

Please list any conditions or personal behaviours including any cognitive decline/impairment or medical conditions which may affect their ability to drive a vehicle safely or travel as a passenger safely?

For example, seizures, cardiovascular conditions, diabetes, fatigue, sleep disorders

Please list any restrictions you believe should be placed on the client and/or driver to manage a condition or personal behaviour you have listed above

Prognosis

In your opinion is this client's mental, visual and/or physical status likely to deteriorate in the near future and thus render them unable to drive or travel as a passenger?

No
Yes ► Give details

Driving a motor vehicle

Does the driver hold a current driver's licence?

No
Yes ► Licence number

Are there any conditions on their licence?

No
Yes ► Give details

Does the client/driver currently own a vehicle?

No
Yes ► Date the vehicle was purchased

Has the client's condition changed since the vehicle was purchased?

No Yes

Vehicle make, model and year

Additional comments

Please provide any additional comments you think may be relevant to this application

Occupational Therapist details

Does the client have a current referral to an OT?

No



Please attach form *D904 DVA Referral* available at <https://www.dva.gov.au/about-us/dva-forms/d0904-dva-request/referral-voucher>

Yes Give details

OT's name

Provider number

Address

Postcode

Phone number

Email address

GP / LMO's recommendation

Do you recommend an OT Driver Assessment for this client?

No Yes

Do you recommend a vehicle modification for this client?

No Yes

GP / LMO's name (Please PRINT)

Phone number

Signature



Date

Returning this form

Please return completed form(s) to the Department of Veterans' Affairs by:

- email (preferred): RAPGeneralEnquiries@dva.gov.au

or

- post to: Department of Veterans' Affairs
GPO Box 9998
Brisbane QLD 4001