

**North East Drive Mobility (NEDM)**

**Health Professional Referral Form**

**Driving Assessment**

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| **Section A: Personal details** |
| Full name/ Title |  |
| DOB: |  |
| Address: |  |
| Preferred Centre | [ ] Newcastle upon Tyne [ ]  Carlisle [ ]  Teesside (Stockton-on-Tees)  |
| Contact Information: | Home phone: Mobile: Email:  |
| Any known risks | (aggression, allergies etc) |
| Date of referral: |  |
| Interpreter required? |  |
| **Section B: Reason for referral** |
| What is the reason for the referral? |
|  |
| What is the clients primary medical condition? |
|  |
| Is the client currently driving?  |
| ☐ Client is currently driving ☐ Client has been advised to stop driving while waiting for the assessment☐ Client would like an assessment to support returning to driving. |
| Does your client drive a manual or automatic vehicle? |  |
| Does your client have current licence entitlement?  | Yes ☐ No ☐ Unsure ☐ |
| Please note, clients without a licence can only be seen at our Newcastle Centre. |
| **Section C: Medical history and current functioning** |
| Relevant past medical history (please include any relevant cognitive assessment results): |
|  |
| Please list any current medication: |
|  |
| How does the client’s medical condition affect them? (E.g. physical functioning, cognition etc.) |
|  |
| How does the client mobilise? Please detail any mobility aids you are aware of currently used (E.g. wheelchair, walking stick, walking frame) |
|  |
| How does the client currently transfer? (e.g. independently, with assistance or with aids) |
|  |
| Are there any issues you are aware of relating to the following? |
| [ ] Vision: [ ] Seizures: [ ] Recent surgery: Details: |
| Has the DVLA been notified of the client’s medical condition? | Yes ☐ No ☐ Unsure ☐ |
| If your client has a notifiable condition and has not yet informed the DVLA please ask them to do so as soon as possible. (A list of notifiable medical conditions is available on the DVLA website) |
| **Section D: Service access** |
| Does the client have any of the following risk factors for failure to engage: |
| [ ]  No insight into condition or potential impact on driving.[ ]  Cognitive issues[ ]  Disengagement from other services.[ ]  Difficulty getting to appointments.[ ]  Lives aloneIf so please consider supporting them to access the service.  |
| Would your client be able to accept a last-minute appointment:  |  |
| Has the client consented to this referral:  |  |
| **Section E: Referrer details** |
| Name:  |  |
| Role:  |  |
| Address: |  |
| Tel number:  |  |
| Email:  |  |
| **Section F: GP details**  |
| GP Name: |  |
| GP Practice: |  |
| Address: |  |
| Tel number: |  |
| Contact Details |
| Mobility Clinician, North East Drive Mobility, Walkergate Park, Benfield Road, Newcastle upon Tyne, NE6 4QDTel: 0191 2875090 Email: northeast.drivemobility@cntw.nhs.uk |