

**Mail to:**  
**DRIVER ASSESSMENT AND  
REHABILITATION SERVICE**  
Ramsey Lake Health Centre  
41 Ramsey Lake Road  
Sudbury, Ontario  
P3E 5J1  
Tel.: (705) 523-7098  
Fax : (705) 523-7051

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone (Home): \_\_\_\_\_  
Phone (Work): \_\_\_\_\_  
D.O.B.: \_\_\_\_\_

**DRIVING HISTORY**

- License valid
- Suspended by MTO
- Physician's orders not to drive
- Never had license

**\*\*\*PLEASE MAKE SURE TO INDICATE\*\*\***

**License #:** \_\_\_\_\_

Change in medical condition reported to MTO by physician?  Yes  No

**MEDICAL HISTORY**

History of Illness Resulting in this Referral \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Past Medical History \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medications \_\_\_\_\_  
\_\_\_\_\_

Seizure Disorder  No  Yes Last Seizure \_\_\_\_\_

Substance Abuse  No  Yes

Psychological/Behavioral Status \_\_\_\_\_  
\_\_\_\_\_

**FUNCTIONAL LIMITATIONS**

Physical Status \_\_\_\_\_

Cognitive Status \_\_\_\_\_

Perceptual Status \_\_\_\_\_

Mobility \_\_\_\_\_

Signature of Referring Physician \_\_\_\_\_

Printed Name \_\_\_\_\_

Office Phone # \_\_\_\_\_ Date \_\_\_\_\_

DRIVER EVALUATION IS NOT FUNDED BY THE MINISTRY OF HEALTH.