

REFERRAL FORM

The Independent Living Centre of WA (ILC) provides Occupational Therapy Driver Assessments.

An Occupational Therapy (OT) Driver Assessment may be needed to find out the impact of a person’s disability or medical condition on commencing or returning to driving. Assessments are conducted by a Driver Trained Occupational Therapist and include a clinical off road assessment and practical on road driving assessment done together with a driving instructor experienced in rehabilitation. A driver vision screen is also required. [Vision Screen Form](#)

Department of Transport (DoT) Mandatory Reporting of Medical Conditions requires that all drivers report any permanent or long term medical condition that is likely to impair their ability to drive. For more information:

<https://www.transport.wa.gov.au/licensing/report-a-medical-condition.asp>

FEES are payable for OT Driver Assessment

Fees are payable prior to or on the day of assessment.

Funding /subsidy assistance may be available through:

- Private Health Funds - ancillary (Billing codes H100 and A022) for full fee paying clients.
- National Disability Insurance Scheme (NDIS) participants – ILC is a registered provider
- ILC Disability Equipment Grant (DEG) subsidy program **for eligible people** with disabilities who require an OT Driver Assessment for vehicle modifications or fitness to drive. **Individuals are required to pay \$100** if assessed eligible for a subsidy (see below).

DEG Eligibility: Please note the subsidy is income assessed.

- holders of a current Centrelink Pension Concession Card (PCC) are eligible for the subsidy.
- people over 65 years must hold a current Centrelink PCC to be eligible.
- other income earners are assessed on gross annual income according to the table below.

Status	Gross annual income
Single	Up to \$60,000
Couple (no children)	Up to \$85,000 (combined income)
Family with dependent children	Up to \$90,000 (combined income)

Incomes over these amounts are not eligible for the DEG subsidy

HOW TO REFER:

COMPLETE ALL SECTIONS OF REFERRAL FORM

Electronic referral form is available on the ILC website www.ilc.com.au

Doctor or health professional to complete all sections of referral form and forward to the ILC, either electronically ilcdriverassess@ilc.com.au, fax or post.

ILC CONTACT DETAILS:

ILC OTDA

Independent Living Centre of W.A.

13 / 386 Wanneroo Road, WESTMINSTER WA 6061

Telephone: 1300 885 886

Fax: (08) 9381 0688

E-mail: ilcdriverassess@ilc.com.au

ILC OCCUPATIONAL THERAPY DRIVER ASSESSMENT

REFERRAL— valid for 6 months from date of referral unless significant changes to clients medical condition

ALL SECTIONS MUST BE COMPLETED

REFERRAL DETAILS		Date of Referral:	URGENT: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Referrer Name and Title:			Dept.:		
Address					
Telephone		Fax:	Email:		
**Client fit to undertake assessment (Dr sign)			Signature:		
**Client Consent for details forwarded to Department of Transport			Signature:		
			Approving Practitioner Name (if not referrer)		
			**required if no current licence/permit or expires within 3 months of referral date		
CLIENT INFORMATION Please note this information may be forwarded to the Department of Transport					
Name	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other: <input type="checkbox"/>			DOB	
	Surname:		Given Names:		M <input type="checkbox"/> F <input type="checkbox"/>
Address					
Suburb:			Postcode		
Telephone		Mobile:	Email:		
Occupation					
Pensioner		Yes <input type="checkbox"/> No <input type="checkbox"/> Centrelink PCC No: CRN		Expiry Date:	
Other Contact - Carer/Family	Name:			Ph.:	
	Relationship:			Mob:	
General Practitioner (GP)	Name:			Email:	
	Address			Phone:	
Consultant					
Phone:					
Reason for Referral	Fitness to Drive <input type="checkbox"/>		First time driver <input type="checkbox"/>		
	Modifications <input type="checkbox"/>		Other <input type="checkbox"/> Specify:		
Current Drivers Licence	Yes <input type="checkbox"/> No <input type="checkbox"/> Licence no:		Expiry Date		
	Classes:		Last driven		
Current Vehicle					
Yes <input type="checkbox"/> No <input type="checkbox"/> Auto <input type="checkbox"/> Manual <input type="checkbox"/> Make and model:					
MEDICAL INFORMATION					
Diagnosis/ Disability					
Date of onset					
Other Relevant Medical Conditions					
Medications – Include dosage					
Attach separate list if necessary					
IMPAIRMENT DETAILS					
Vision				Visual Aids	Yes <input type="checkbox"/> No <input type="checkbox"/>
Motor					
Sensation					
Perception					
Cognition					
Behaviour					
Communication				Interpreter needed: Yes <input type="checkbox"/> No <input type="checkbox"/>	

Please ensure the client is aware of this referral and that fees are charged

Send completed referral to ILC OT Driver Assessment by Fax Email or Post

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Email: ilcdriverassess@ilc.com.au