

Client Name:

Date:

Welcome to Occupational Therapy at Rusk County Memorial Hospital & Nursing Home

Driving Assessment

Please fill out this form as thoroughly as possible. Should you have any questions or do not understand a statement please skip it and let your Therapist know so that she/he may provide further clarification.

Medical Information

1. Are you taking any medications? If so, please list them and any side effects.

Medication

Side Effect(s)

2. Do you have any of the following? Please check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Cataracts | <input type="checkbox"/> Decreased hearing or vision |
| <input type="checkbox"/> Glaucoma | <input type="checkbox"/> Dizziness |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Tremors |
| <input type="checkbox"/> Loss of Consciousness | <input type="checkbox"/> Color blindness |
| <input type="checkbox"/> CHF | <input type="checkbox"/> Decreased feeling in your hands/fingers/feet |
| <input type="checkbox"/> COPD | <input type="checkbox"/> Do you were any braces, splints, etc. |
| <input type="checkbox"/> Muscular Dystrophy | <input type="checkbox"/> Adaptive devices to assist you with walking or a wheelchair |
| <input type="checkbox"/> MS | |
| <input type="checkbox"/> Diabetes | |
| <input type="checkbox"/> Corrective lenses | |
| <input type="checkbox"/> A pacemaker | |
| <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> | |

3. Have you had any traffic violations in the last year? Yes No Please explain.

4. When was your last eye exam and whom did you see?

Client Name:

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5. Do you work? If so, where and what do you do? _____

6. How many times a week do you drive for the following?

_____ Shopping _____ Errands _____ Appointments

_____ Casual drive _____ Family/Friends House _____ Work

7. How often do you drive over 60 miles? _____

8. How many miles a week do you typically drive? _____

Please return this to the Receptionist when you are done and your Therapist will be with you shortly. Thank You! ☺