



East Anglian DriveAbility

2 Napier Place

Thetford

IP24 3RL

01842 753029

[mail@eastangliandriveability.org.uk](mailto:mail@eastangliandriveability.org.uk)

### DRIVING ASSESSMENT REFERRAL FORM

Please complete all relevant sections:

Referrer and location:

tel:

Is your patient aware of this referral:

Patient's Name:  DoB

Address:

Tel:  Mob:

Confirmed Diagnosis:

Reason for referral:

Referral for: ( please insert "X" for one of the following)

- |   |                          |                                      |
|---|--------------------------|--------------------------------------|
| <ul style="list-style-type: none"><li>• Full Driving Ability Assessment</li></ul> | <input type="checkbox"/> | NHS referrals: 50% off standard fee. |
| <ul style="list-style-type: none"><li>• Adaptations only</li></ul>                | <input type="checkbox"/> |                                      |
| <ul style="list-style-type: none"><li>• Passenger / Carer Assessment</li></ul>    | <input type="checkbox"/> | Fee applicable                       |
| <ul style="list-style-type: none"><li>• Wheelchair/Scooter Assessment</li></ul>   | <input type="checkbox"/> | Fee Applicable                       |

Is the patient medically fit to drive?

Do they have a full UK driving licence?

Signature:  Date:

Position:

Please email to: [mail@eastangliandriveability.org.uk](mailto:mail@eastangliandriveability.org.uk) , or fax to 01842 755950