# DRIVE-ABLE, LLC

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DRIVER REHABILITATION PRESCRIPTION FORM

Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Onset Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has the patient ever had any of the following?

|  |  |
| --- | --- |
|  YES NO  |  YES NO  |
| Mental or nervous disorder [ ]  [ ]  | Attempted suicide [ ]  [ ]  |
| Poor Memory [ ]  [ ]  | Drug or narcotic habit [ ]  [ ]  |
| Heart Disease [ ]  [ ]  | Severe hay fever or asthma [ ]  [ ]  |
| Diabetes [ ]  [ ]  | Frequent or severe headaches [ ]  [ ]  |
| High or low blood pressure [ ]  [ ]  | Unconscious for any reason [ ]  [ ]  |
| Alcoholism [ ]  [ ]  | Fainting spells or blackout [ ]  [ ]  |

Do you have any concerns about this patients driving that the driver rehabilitation specialist should be aware of? \_\_\_\_\_\_

Seizure Disorder History (**Complete only if patient has a history)** Age at onset \_\_\_\_ Type of Seizure \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Frequency of seizure \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ . This patient has been under my care since \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This patient [ ]  **IS** [ ]  **IS NOT** reliable in taking prescribed seizure medication

The patient has been seizure free for 6 months or more. [ ]  Yes [ ]  No

Date you last examined the patient \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**YOUR SIGNATURE BELOW SIGNIFIES THAT MEDICAL APPROVAL FOR THIS PATIENT TO UNDERGO DRIVER REHABILITATION EVALUATION AND TRAINING IF INDICATED AND SERVES AS A PATIENT PRESCRIPTION**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Physician Signature Print Name**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Print Address**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone Fax**

**Specialty**