

Referrals and Inquiries for All Sites:

Phone: 1-877-397-1035

Local: 416-398-1035

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Saint Elizabeth

DRIVER ASSESSMENT & TRAINING

MEDICAL REFERRAL FORM

Brampton • Kingston • Hamilton • Toronto • Oakville • St. Catharines • Whitby

CLIENT INFORMATION	
Date of Referral:	
Last Name:	First Name:
Address:	
City:	Postal Code:
Phone:	Other phone:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:
MTO License No:	License Suspended <input type="checkbox"/> YES <input type="checkbox"/> NO
Alternate Contact and Phone (if other than patient)	

REASON FOR ASSESSMENT	
Relevant Medical Information and Concerns Related to Driving: * attach relevant consult notes	
Current Medications:	
Relevant Visual Conditions:	
Ministry of Transportation Informed of Diagnosis? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If Yes, Date MTO Was informed: Day _____ Month _____ Year _____	
Name of Physician:	Specialty:
Address:	
Phone:	FAX:
Referred By:	How did you hear about us?