TO SCHEDULE FOR A DRIVER ASSESSMENT, PLEASE CONTACT OUR SCHEDULING DEPARTMENT:

FORT WAYNE AREA: (260) 209-2464 INDY AREA: (317) 449-2333 MICHIANA: (574) 931-2802 Indiana Physical Therapy is dedicated to providing quality therapy to our patients in a timely and cost effective manner. We promise to provide prompt and courteous service, ongoing health education, expertise, and rehabilitative services with real results at each of our clinics.

We We what we do and it shows!

INDIANA PHYSICAL THERAPY

DRIVER EVALUATION PROGRAM



Driver evaluations are performed at select locations throughout Indiana. **OPEN 7:00AM -7:00PM All** Insurances Accepted Guaranteed **Appts Within 24 Hours**



WWW.INDIANAPT.COM

DRIVER EVALUATION PROGRAM

The **driver evaluation** provides an efficient assessment of a person's individual cognition as well as perceptual, behavioral, physical and sensory abilities with regard to driving.

The evaluation is composed of two formats of testing including both off-road and on-road assessments.

The clinical assessment is completed first to assess the skills needed for competent driving.

Once this information is obtained and assessed, it is forwarded to the referring physician to determine if additional testing is warranted.

If additional testing is deemed appropriate, or initially requested by the physician, an on-road assessment may be indicated to provide additional information regarding the person's driving abilities.

**On-road testing is not completed by Indiana Physical Therapy, but instead referred to a therapeutic mobility company.

REFERRAL PROCESS FOR BOTH OFF-ROAD AND ON-ROAD ASSESSMENT

For the **off-road driving evaluation** (done first) and the **on-road driving assessment**, two separate referrals are needed:

 The first referral needs to specifically read: "OT eval and treat"

2. The second referral, if needed, needs to specifically read "On-road driver assessment"

WHO WILL THIS BENEFIT?

Any person whose ability to resume or begin driving is in question.

Individuals appropriate for the program commonly have at least one of the following conditions:

• Dementia/

• Muscular

Alzheimer's

Dystrophy

• Cerebral Palsy

• ADD/ADHD

Impairment

Intellectual

- CVA (stroke)
- Neurological diagnosis
- Head injury
- Visual impairment
- Spinal Cord Injury
- Amputation
- Orthopedic injuries
- Age-related changes

DRIVER EVALUATION REFERRAL

PATIENT:	
Date:	-
Patient Phone #:	
Patient Cell #:	
Diagnosis/Code:	

Check one:

I authorize a driving evaluation and treatment by Occupational Therapy for the above patient at Indiana Physical Therapy.

I authorize an on-road driver assessment for above patient.

Physician's Name:
Physician' Signature:
Date:
Office Phone #:
Comments:

Whatever your diagnosis, our staff has a wealth of industry experience and knowledge to help get you through. If you are down due to pain, it's time to come see us!

OPEN 7AM TO 7PM

GUARANTEED APPTS WITHIN 24-HOURS

FAX (260) 459-9262