

Occupational Therapy Driver Assessment and Rehabilitation

Mylestones Employment offer specialist occupational therapy driver assessment and rehabilitation services to people with a medical condition or injury impacting upon their ability to drive safely. An assessment may be necessary if:

- Your physical or mental skills may have changed since you first obtained your licence
- You have a physical injury, head injury, illness, disability, stroke or psychiatric disorder that may affect your ability to drive safely
- You have a medical condition or disability and would like to know if you are able to obtain a driver licence.

An occupational therapist will identify the impact that a medical condition or injury has on a person's ability to drive. There are two parts to the assessment:

1. The off-road assessment is completed first and looks at driving history, understanding of road law and assesses the person's physical, visual, sensory and thinking abilities. This may take up to two hours. This assessment evaluates the person's understanding of safe driving, any necessary vehicle modifications or licence conditions and determines the requirements for the on-road assessment.
2. The on-road assessment will take up to one hour and occur in a dual-controlled car with a driving instructor and occupational therapist present. If vehicle modifications are required, the equipment is fitted and trialled to ensure it can be safely used. Following the assessment, a driving rehabilitation program may be prescribed to assist you to resume or continue driving with comfort and safety.

Professional Fees

Mylestones Employment charges \$440 for the driving assessment and written report. There is an additional charge for the use of a driving instructor and vehicle for the on road component of the assessment. Rates for this will vary and are set by the Driving Instructor. In the event that a client does not attend a scheduled driving assessment session a cancellation fee may apply.

Quality Assurance

Mylestones Employment is an initiative of the Cerebral Palsy League delivering a broad range of specialist consulting and training services across the disability sector in Queensland. Our offices are close to public transport in Bowen Hills, Holland Park and Caboolture. The Cerebral Palsy League has over 60 years of experience in the delivery of disability services. Mylestones Employment meets the following quality assurance standards:

- OT Registration Board of Qld
- Commonwealth Disability Services and Queensland Disability Service Standards approved
- Quality Assurance Accreditation under ISO 9001
- Medicare provider registered with professional indemnity insurance
- Disability service positive notice verified
- Positive notice blue card for child-related employment

How to refer a client to Specialist Assessment Services

To make a referral, discuss your needs directly with an Allied Health Professional or find out more about our other Specialist Assessment Services:

- **Phone:** 07 3394 6400
- **Email:** myemployment.hol@cplqld.org.au
- **Form:** Complete and return the referral form attached and return via fax 07 3394 4193 or email.

Upon receipt of your referral we will forward you an email confirming a proposed date, time, location and the professional assessor's contact details. Following this, a confirmation letter will be sent to your client giving them details of their appointment with us.

Referral Form

Date of referral _____

Assessment funded by:

- Work cover Private
 CTP DVA

Client details

Surname _____

First name _____

Address _____

Suburb _____

State _____ Postcode _____

Telephone _____

DOB _____ Age _____

Sex M / F Interpreter required Yes/No

Date of injury _____

Diagnosis _____

Special considerations _____

Medical clearance

- Attached to referral Sent to OT
 Client to bring to assessment

Treatment information

Treating doctor _____

Doctor's address _____

Suburb _____

State _____ Postcode _____

Telephone _____

Treatment to date (including medication) _____

Licence details

Licence no. _____ Class _____

Expiry _____ Vehicle type _____

Referral details

Referred by _____

Company _____

Address _____

Suburb _____

State _____ Postcode _____

Telephone _____

Fax _____

Email _____

Employer details

Employer _____

Rehabilitation coordinator/case manager _____

Work postal address _____

Suburb _____

State _____ Postcode _____

Telephone _____

Fax _____

Email _____

Account to

Insurer/self _____

Claim no. _____

Claim manager _____

Address _____

Suburb _____

State _____ Postcode _____

Telephone _____

Fax _____

Email _____

Assessment details (for office use only)

Date _____ Time _____

Letter _____

Card _____

Other _____

