



3601 Marconi Avenue
Sacramento, CA 95821
Phone: (916) 481-1300
Fax: (916) 365-9870

Physician Referral Driver Rehabilitation/Adaptive Driver Evaluation & Training (Fax to 916-365-9870)

Date: _____

Patient's Name: _____ DOB: _____

Diagnosis: _____

Diagnosis ICD-10 Code(s): _____ Date of Onset/Injury: _____

Patient is cleared for evaluation if medical event was less than 6 months ago? Yes No

Precautions: _____

History of seizures: Yes No Date of last seizure: _____

Referral for:

OT/PT Adaptive Driving/Driver Rehabilitation Evaluation & Training

Adaptive Equipment Assessment & Order (As Needed)

Dependent Passenger Evaluation (As Needed)

Other: _____

Physician's Name (Please Print): _____ NPI: _____

Signature: _____ Date: _____

Physician's Phone: _____ Physician's Fax: _____

Physician's Address: _____

City: _____ State: _____ Zip code: _____

Physician's E-Mail Address: _____@_____

MD would like to receive reports via E-Mail or Fax
(Please check one)

Patient Name: _____