

# DriveABLE cognitive assessment Referral form

Date: \_\_\_\_\_ Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Contact (if other than patient): \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Referred by: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Signature: \_\_\_\_\_

**Please check if yes:**

- Does client wear a hearing aid?
- Does client wear corrective lenses?
- Does client have limited upper extremity mobility or hand / finger dexterity?
- Is English a second language?
- If yes, what is their primary language? \_\_\_\_\_
- If yes, what is their comprehension level:  
 None  Moderate  Good
- Is adaptive equipment required to drive?
- Does client have valid drivers license?

**Other relevant medical considerations: (Please explain.)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Lifemark Physiotherapy - Westphal  
120 Main Street  
Dartmouth, NS B2X 1R9  
tel: 902-435-2300  
fax: 902-484-5911  
westphal@lifemark.ca  
lifemark.ca/Westphal

Lifemark Bayers Road  
7071 Bayers Rd., Ste. 217  
Halifax, NS B3L 2C2  
tel: 902-425-8484  
fax: 902-429-8484  
bayers@lifemark.ca  
lifemark.ca/Bayers-Road



Authorized Service Provider  
**DRIVEABLE**

Lifemark is a DriveABLE-authorized service provider.

**Lifemark**