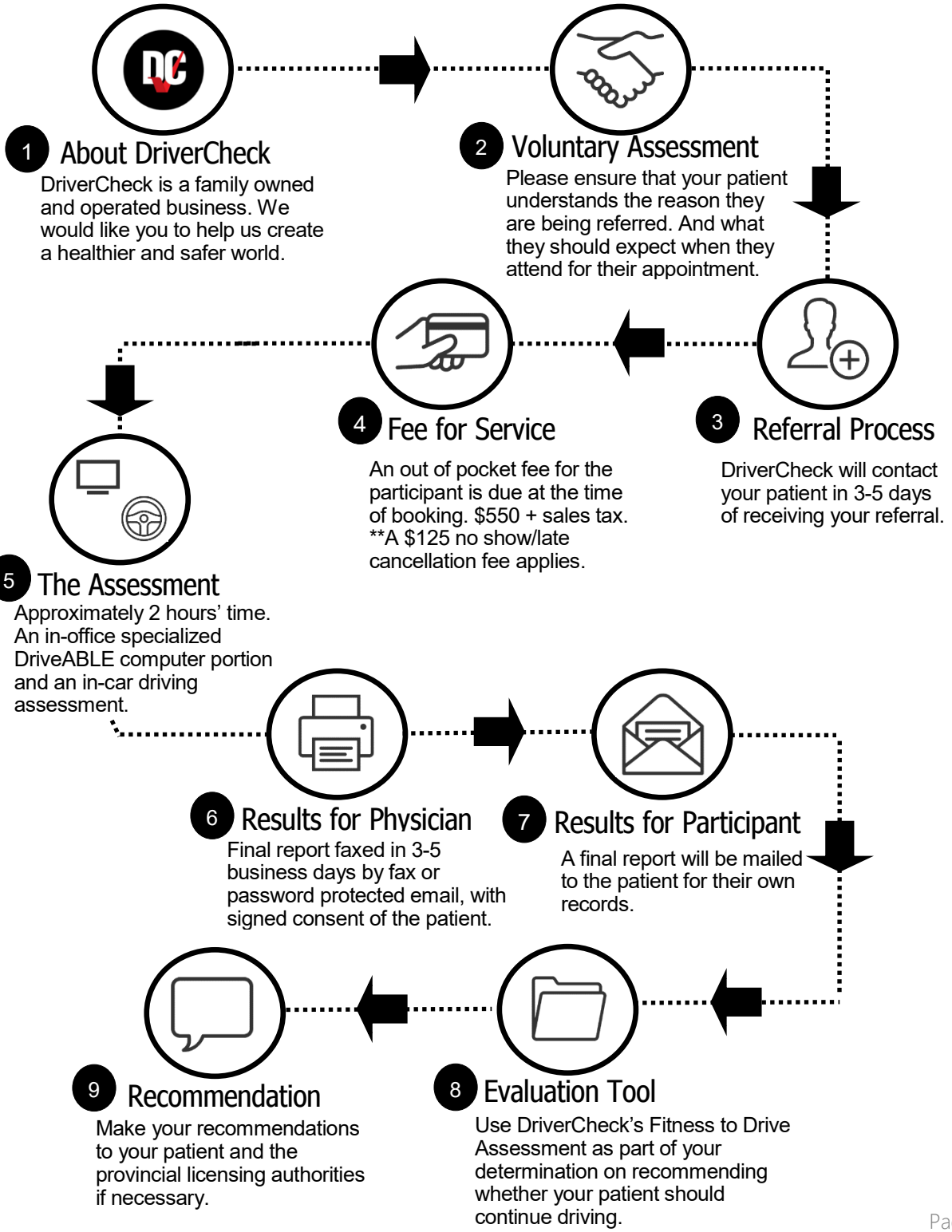
email: FitnessToDrive@DriverCheck.ca
phone: 1-855-825-9538
fax: 1-888-635-6522

Fitness to Drive Referral Package



Locations
DriverCheck Clinic – Edmonton Alberta – 11430 – 168 Street Unit 104, T5M 3T9
DriverCheck Clinic – Kitchener Ontario – 31 McBrine Drive Unit 8, N2R 1J1

email: FitnessToDrive@DriverCheck.ca
phone: 1-855-825-9538
fax: 1-888-635-6522

Fitness to Drive Referral Package

Referral Date:	Place patient sticker here if applicable	
First Name:	Last Name:	Date of Birth:
Address:		Province:
City:		Postal Code:
Phone #s and email :		

Please Contact:	Patient Directly ☐ or
☐Name:	Phone:
Relationship:	Email:
☐Name:	Phone:
Relationship:	Email:

Referring Physician:	Family Physician:
Phone:	Phone:
Fax:	Fax:
Referring Physician's Signature: X	

Please check if applies: Wears hearing aid ☐ Wears corrective lenses ☐ Has upper mobility or hand/finger dexterity issues ☐ Uses mobility aid ☐ English language interpreter is used ☐

Is the patient's vision within the Provinces Vision Standards for Driving (including corrective lenses) ☐yes ☐no

Relevant Medical History/Diagnosis:

Driver's Licence Number:	
☐ Valid	Provincial Driving Department or Ministry Notified? ☐Yes ☐No If yes please indicate in your report to the province that a "Medical Driving Assessment is required in order to determine driving ability at this time".
☐Suspended	Please ensure any Provincial form(s) included with the driver's suspension notice are completed first.
☐Unknown	We will follow up with the patient and discuss next steps.

Please email this referral to: Fitnesstodrive@drivercheck.ca or fax to 1-888-635-6522

Locations
DriverCheck Clinic – Edmonton Alberta – 11430 – 168 Street Unit 104, T5M 3T9
DriverCheck Clinic – Kitchener Ontario – 31 McBrine Drive Unit 8, N2R 1J1