Saint Elizabeth
DRIVER ASSESSMENT & TRAINING

Toll Free: 1-877-397-1035
Phone: 416-398-1035
Fax: 416-398-3206

REFERRAL FORM

Brampton • Kingston • Hamilton • Toronto • Oakville • St. Catharines • Whitby

CLIENT INFORMATION	
Date of Referral:	
Last Name:	**First Name:**
Address:	
City:	**Postal Code:**
Phone:	**Cell or alternative phone:**
Gender: ☐ Male ☐ Female	**Date of Birth:**
Driver License Number:	**License Suspended** ☐ **YES** ☐ **NO**
Alternate Contact and Phone (If other than patient)	

REASON FOR ASSESSMENT	
Relevant Medical Information and Concerns Related to Driving Ability:	
List of Current Medications:	
Relevant Visual Conditions:	
Ministry of Transportation Informed of Diagnosis? ☐ **YES** ☐ **NO** **If Yes, Date MTO Was informed: Day _____ Month _____ Year_____**	
Name of Physician:	**Specialty:**
Address:	
Phone:	**FAX:**
Referred By:	**How did you hear about us?**