ADAPTIVE MOBILITY SERVICES

1120 Centre Turnpike, Orwigsburg, PA 17961
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(888) 541-0953
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Order Request: Occupational Therapy Driving Evaluation & Treatment

1. **Please complete and return this order request for an Occupational Therapy Driving Evaluation & Treatment for this patient.**

First Name: _____ Last Name: _____ Date of Birth: _____ Home Phone: _____

Address: _____

Referring Physician _____ Contact _____

Reason for referral _____ Medical Diagnosis _____

Questions for Referring Physician

2. Is the patient on medications which may interfere with fitness to drive? YES or NO
   If yes, please explain:

3. Are you aware of any other medical/visual conditions which may affect this person's fitness to drive? YES or NO
   If yes, please explain:

4. Do you approve this patient's participation in an occupational therapy, driving evaluation & treatment? YES or NO
   If yes, please explain:

5. Physician Signature: _____ Date: _____

Physician Name (please print): _____ License Number: _____
NPI: _____

Please return the order to Adaptive Mobility at (888) 541-0953.