



Assessment application form

**PLEASE COMPLETE – USING BLOCK CAPITALS AND RETURN TO: Sue Vernon,
Services Consultant,(Guernsey DriveAbility), 50 Marchmont Road, Wallington, Surrey, SM6 9NU.**

SURNAME (MR/MRS/MISS) FORENAMES

ADDRESS

PARISH POSTCODE.....EMAIL.....

TELEPHONE NUMBER DATE OF BIRTH

Medical name of your condition..... Date of onset

How does this affect you?

Who suggested you had an assessment?

Have you been assessed by this Mobility Service before? **NO/YES (year _____)**

TYPE OF ASSESSMENT REQUIRED

(Please tick appropriate space and enclose cheque payable to **Guernsey DriveAbility**)

£250 [] Driving Ability with Car Adaptation
(Fitness to drive assessment for anyone needing a check-up, e.g. senior drivers or drivers with neurological conditions and those referred during licence renewal process)

£250 [] Car Adaptation for driver
(Physical use of controls, vehicle choice, transferring in and out, seating)

IF YOU ARE UNSURE OF THE APPROPRIATE ASSESSMENT PLEASE CONTACT US TO DISCUSS.
Sue Vernon Mobile Tel: 07762547694 Tel. 02084082737 Fax: 02086476455
Email: sue.vernon@hotmail.co.uk

General Practitioner.....telephone.....
Address.....Post code.....
Consultant.....telephone.....
AddressPost code.....

Please write below your reasons for this application, describing how you would like Guernsey DriveAbility to help you. Please continue on a separate sheet if necessary.

Please circle your answer:**DRIVING EXPERIENCE AND LICENCE DETAILS** *please circle your answers*Have you ever held a Driving Licence? **NO** (Go to page 3)**YES** (continue on this page)

Driver number (Begins with first letters of your surname)

Expiry Date Number of years' driving experience?.....

Have you driven other groups of vehicles? e.g. LGV, PCV, 2 Wheeled Motorcycle.....

IMPORTANT: If you already hold a driving licence and you develop a medical condition which will last more than three months and which could affect safe driving, then you are legally required to inform the licensing authority.If it is required, (see above) have you informed the licensing authority of your medical condition? **YES / NO**If YES, what is the present situation? *Select from the options below & please tick **one** only*

- a) Your case is still being investigated by the licensing authority []
- b) Your licence has been revoked (ie cancelled by them). []
- c) The licensing authority has allowed you to continue driving []
- d) You returned your licence voluntarily when you informed the licensing authority []
- e) You have been issued with a Special Assessment Licence for the day of assessment []

If "b or d" above you need to re-apply for your licence prior to the assessment date.Have you re-applied to licensing authority for a licence? **YES / NO**

If YES, what was the reply?

We usually contact the licensing authority by email before an assessment to confirm the driver's licensing status and, if required, arrange special licence cover.**Please indicate your consent with a tick here []**Tell us about your car:

What car did / do you drive? Car Make ModelYear

Automatic / Manual (*Circle your answer*) is it an Estate / Saloon / Hatchback / 4x4 (*circle your answer*)Did it have any controls adaptations? **YES / NO** If YES, please tell us on a separate sheet of paper.Are you driving at the moment? **YES / NO** If YES, approximately how many miles per week?.....

Use the space below to tell us anything else you think we should know about your driving experience.

PLEASE HAVE YOUR LICENCE WITH YOU FOR YOUR ASSESSMENT

MEDICAL INFORMATION*please circle your answers*

1 Have you had a head injury / period of unconsciousness / brain surgery? YES / NO

If YES, please give date and details

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2 Have you ever had epilepsy? YES / NO

If YES, when was your last attack?

3 Do you have episodes of fainting? (other than simple attacks associated with the sight of blood or disturbing news, etc) YES / NO

If YES, please give date of last attack

4 Do you have dizziness or vertigo (exceptions as above) YES / NO

If YES, please give date of last attack.....

5 Do you have diabetes? YES / NO

If YES: a) Is it controlled by insulin? YES / NO

b) Is it controlled by tablets? YES / NO

c) Have you ever had a hypoglycaemic attack? YES / NO

If YES, please give date of last attack

6 Sight
Do you wear eyesight correction (e.g. glasses) for driving? YES / NO

Are you able to read a number plate at 22.5 metres? YES / NO

Do you have any defect of vision (other than requiring correction by spectacles)? YES / NO

If YES, please give details

.....

(if you wear glasses, please have them with you for your assessment)

7 Medication

Please give details of any pills or medicine you take and **have them with you at your assessment**

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Have you been prescribed any medication which you do not take for any reason?

If YES, what is it? YES / NO

For use during the assessment—confirmation of above information on that date:

Driver's Name (capitals).....Driver's signature.....

Assessor's signature.....Date.....

Assessor's Notes:.....

General mobility & fitness (please circle your answers)

Do you require assistance for:

Personal care? YES / NO (details)

Domestic tasks? YES / NO (details)

If walking – how far can you walk (in tolerance time or distance).....

Do you use outdoor mobility equipment? YES / NO If YES, circle below what you use - or describe:

Support splints or brace	Walking stick(s)	elbow crutches	Manual wheelchair	powered wheelchair	prostheses
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Relevant details.....

Vehicle access

Do you have difficulty getting in or out of a car? YES / NO

Do you need assistance? YES / NO

If a wheelchair user: Can you get in / out of your wheelchair independently? YES / NO

Is loading your wheelchair into the vehicle a problem? YES / NO

Inside the car: Please give your

Height..... Weight..... Are you right or left handed? RIGHT / LEFT

I hereby give my consent:

For Guernsey DriveAbility to contact medical or rehabilitation professionals involved in my care for any further information relevant to this assessment, if required. I understand this will be treated in strict confidence. []

To the assessment process, understanding that it may include a (fully clothed) physical assessment, involving touch and that where helpful, video, photographs or measurements may be taken as a record of my assessment and for inclusion in my report. []

That clips from such video or photographs may be used for professional presentations and training. (Consent for this is entirely voluntary) []

I understand the report will be sent to me and a copy to my G.P. []

Client's own signature..... DatePlease print full name.....**I ENCLOSE CHEQUE FOR £_____ made payable to Guernsey DriveAbility***If you are not paying for the assessment yourself, please provide contact details of the person / organisation meeting the cost of the assessment***PLEASE ALSO OBTAIN AND ENCLOSE EITHER:****OUR DOCTOR'S REFERRAL FORM* COMPLETED BY YOUR DOCTOR****or COPY OF YOUR CURRENT LICENCE RENEWAL MEDICAL FORM*****available to download from our website www.guernseydriveability.org.gg if not already provided.

** from your doctor, or from Driver and Vehicle Licensing