



RETURN TO: 3937 Central Avenue  
 Louisville, KY. 40218  
 Phone:(502) 893-0050  
 Toll Free Fax 866-903-0049

**PHYSICIAN'S CONSENT FORM**

NAME: \_\_\_\_\_

STREET: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

CITY/STATE: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

**PATIENT'S MEDICAL HISTORY**

1.) If hospitalized in the past two years, give reasons, dates and discharge diagnosis;

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

2.) Referring Diagnosis: \_\_\_\_\_

**3.) Has the patient ever had? (If yes explain)**

	<b>YES</b>	<b>NO</b>
Alcohol or Drug Abuse Problems	<input type="checkbox"/>	<input type="checkbox"/>
Cerebrovascular Disorder	<input type="checkbox"/>	<input type="checkbox"/>
Musculoskeletal Disorder	<input type="checkbox"/>	<input type="checkbox"/>
Peripheral Vascular Disorder	<input type="checkbox"/>	<input type="checkbox"/>
Respiratory Disorder	<input type="checkbox"/>	<input type="checkbox"/>
Cardiovascular Disorder	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes or other Endocrine Disorder	<input type="checkbox"/>	<input type="checkbox"/>
Neurological or Neuromuscular Disorder	<input type="checkbox"/>	<input type="checkbox"/>
Psychosocial, Emotional, or Mental Disorder	<input type="checkbox"/>	<input type="checkbox"/>
Visual or Hearing Impairment	<input type="checkbox"/>	<input type="checkbox"/>
Other (list) _____	<input type="checkbox"/>	<input type="checkbox"/>

4.) Medications; \_\_\_\_\_  
 \_\_\_\_\_

5.) Has the patient ever had a seizure?  Yes  No  
 If "Yes" date of last seizure \_\_\_\_\_

NAME OF PHYSICIAN \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY/STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Based on my examination, this person is in an appropriate medical status to participate in a driver rehabilitation Program.

YES  NO

COMMENTS \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*\*\*\*\*The above named person has requested to participate in a driver evaluation, driver training and/or vehicle modification program. The evaluation will be conducted by a Driver Rehabilitation Specialist (DRS).**