Response Sheet for Driving Flowchart

Initial Assessment

Conduct usual assessment undertaken at your service including:

- Reason for referral: __________________________________________________
- Medical history: _______________________________________________________
- Social history: _______________________________________________________
- Home environment: ___________________________________________________
- Previous and current occupational performance: ____________________________
- Current roles, routines and habits: _______________________________________
- Other results/outcomes (ie. COPM, FIM): _________________________________

Conduct driving history interview (with client):

- Number of years driving experience: ________________________________
- Age commenced driving: _____________________________________________
- Where and how learnt to drive: ________________________________
- Current licence status: ☐ Current ☐ Suspended ☐ Restrictions, State: ______
- Types of driving experience: ☐ City ☐ Freeway ☐ Interstate
- Previous licence suspensions or cancellations? __________________________
- Previous driving accidents? ________________________________
- Is the client currently driving? Why not? ______________________________
- Type of car? ☐ Automatic ☐ Manual
- Any difficulty driving ie. Getting lost? ______________________________
- Any times when the client shouldn’t be driving? _______________________

Conduct driving history interview (with carer):

- Do you feel safe as a passenger? ☐ Yes ☐ No
- Do you have to assist with their driving at all? ☐ Yes ☐ No
- Do you have concerns about their ability to drive? ☐ Yes ☐ No
- Are you reliant on their ability to drive to access the community? ☐ Yes ☐ No
- Comments: _________________________________________________________
-____________________________________________________________________
-____________________________________________________________________
-____________________________________________________________________
Step 1. Address Community Mobility

Prompts: Community mobility assessment may involve screening for passenger safety, assessing ability to crossroads, reading signage, driving readiness, public transport, transportation alternatives.

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____________________________________________________________________________________

Move to next step 2.

Step 2. Driving identified as a valued occupation

Is driving important to you? _____________________________________________________________
What does driving enable you to do? _____________________________________________________
Does your partner or family member drive too? ___________________________________________
Would it be easier or harder to fulfill your usual routine if you could no longer drive?
____________________________________________________________________________________
What places would you drive to? ________________________________________________________
If you could no longer drive how would you get there?
____________________________________________________________________________________

Driving identified as a valued occupation:  □ NO: Explore alternative mobility options (section 5)
                                            □ YES: Move to step 3

Other comments:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
Step 3. Conduct Screening

1. Visual acuity of 6/12 (with or without glasses)
   - PASS  □  FAIL  □

2. Visual field of 120 degrees along horizontal plane
   - PASS  □  FAIL  □

3. Unilateral neglect: Bells test outcome of <4 errors
   - PASS  □  FAIL  □

Referral to optometrist/orthoptist made:  □  YES  □  NO

Is there a visual impairment and/or unilateral neglect present?

- YES: If > 3 months and unilateral neglect still present, explore alternative mobility options (section 5). Ongoing visual assessment required until visual clearance for driving obtained.
- NO: Move to step 4 for further assessments.

Step 4. Conduct Assessments

Standardised assessments completed:
Refer to Table 5 for selection of cognitive, physical and visual assessments.

___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

Functional task analysis completed:

- Shopping
- Finances
- Meal preparation
- Health management ie. Medications, appointments
- Other:

Move to step 5.
Step 5. Analysis Summary

Comment on physical, sensory, perceptual and/or cognitive strengths and limitations.

Strengths:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Occupational performance issues:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Impairments:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Move to step 6.

Step 6. Evaluation

Prompts: Refer to Table 8 for examples of links between occupational performance issues, impairments, and potential impact on driving skills.

Are there any physical, cognitive, perceptual, sensory or psychosocial impairments likely to impact on driving?

☐ NO:

☐ Driving education handout provided
☐ Letter sent to medical practitioner for medical clearance
☐ Letter provided to client outlining recommendations
☐ Client informed to notify insurance company

☐ YES/UNSURE: Refer to step 7.
### Step 7. Results

<table>
<thead>
<tr>
<th>Are these impairments likely to improve following a period of rehabilitation?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ YES: Provide rehabilitation and re-assess (return to step 4).</td>
</tr>
<tr>
<td>☐ Transition of care within and/or between health services completed</td>
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</tbody>
</table>

*Note: Timepoints before re-assessment will vary depending on each individual’s impairments however consider re-assessment every 6 weeks to review progress and prognosis.*

<table>
<thead>
<tr>
<th>☐ NO: Client plateaued in therapy and/or has a progressive condition with ongoing functional impairments</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Driving education handout provided</td>
</tr>
<tr>
<td>☐ DLA notified of permanent or long-term impairments (Note: mandatory for NT and SA)</td>
</tr>
<tr>
<td>☐ Letter sent to medical practitioner for medical opinion and/or clearance</td>
</tr>
<tr>
<td>☐ Letter provided to client outlining recommendations</td>
</tr>
<tr>
<td>☐ Referral to OTDA for comprehensive off-road and on-road assessment</td>
</tr>
<tr>
<td>☐ Client informed to notify insurance company</td>
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<tr>
<td>☐ Client counselled for driving cessation (resources in section 5)</td>
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</table>

**Notes:**

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