

Referral/Registration Form

Date of referral:

Referrer Details:

Name:

Profession:

Address:

Phone Number:

Fax Number:

Email:

Client Details:

Name:

DOB:

Address:

Phone Number: Home:

Work:

Mobile:

Country of Birth:

Language Spoken:

Communication Issues:

Client is aware of Referral?

Yes

No

Drivers License (including status if known):

Presenting Condition(s) (include date of onset and relevant symptoms):

Full medical summary and current medication list to be attached to this referral if possible via the blue Department of Transport MR 712 Medical Fitness form

Any other information:

Attach to this referral either of the following:

Forms available at www.transport.sa.gov.au/pdfs/forms/cert_fitness_light_712.PDF

Completed MR 712 form	OR	GP's Contact Details
-----------------------	----	----------------------

MR 712 Department of Transport, Energy and Infrastructure Form has been filled in by doctor and **person is medically fit to drive** (page 3 of form) Please ensure your GP/specialist records "Occupational Therapist Driver assessment required only".

Name:
Practice:
Phone No:

Forward this referral and MR 712 form (where applicable) to

Post: Multiple Solutions - Driver Assessment Unit
Attention: Merrilyn Fietz
7A Sturt Rd, Brighton SA 5048

Fax [08] 8377 0711

Email drivingsolutions@multiplesolutions.com.au

Enquiries Phone Merrilyn on (08) 8377 0911 (Monday – Wednesday)
Please note that fees do apply to this service - details available upon enquiry
