

**KENTUCKY OFFICE OF VOCATIONAL REHABILITATION
DRIVER REHABILITATION TECHNOLOGY PROGRAM
PHYSICIAN'S CONSENT FORM**

NAME: SS#: DATE OF BIRTH:

STREET: 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)

	YES	NO
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 assessment.	
YES <input type="checkbox"/>	NO <input type="checkbox"/>
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 Certified Driver Rehabilitation Specialist (CDRS). The Physician's Consent is NOT the final determining factor for the person to have a driver's license. The final decision will be made from the recommendation of the Certified Driver Rehabilitation Specialist (CDRS) and by the Division of Driver License.**