Williams Occupational Therapy
REFERRAL BOOKING FORM

Please attach additional paper and all other relevant documents such as ***NDIS care plan, medical certificates to drive, Workcover forms, medical reports*** *etc. and forward this referral form and documents to email: admin@williamsot.com, fax: 08 8311 1744, or post: Po Box 144 Blackwood SA 5051. Your booking will be completed upon return of this form. Please contact us on 0466 592 891 with any further questions.*

Client / Claimant Details

Client Name:			
Address:			
Phone Contact:		Email:	
Date of Birth:		Date of Referral:	

Diagnosis / Injury / Disability that impacts on driving: Date of onset or injury:

Driver's Licence details: ☐ I do not / have never held a licence ☐ I am Medically Suspended ☐ I have a Learner's Permit

Licence Number:		**If a Learner Driver,** please state approx. how many hours of driving you have completed:
Class:		Conditions:
Expiry Date		

Service Requirements: (please choose one)

- ☐ Light vehicle driver assessment
- ☐ Vehicle modifications as a **passenger**
- ☐ Vehicle modifications as a **driver**
- ☐ Heavy vehicle driver assessment
- ☐ Driver rehabilitation lessons
- ☐ Community mobility alternatives assessment
- ☐ Other ____________________

Treating Practitioners: (i.e., GP and/or Medical Specialist)

Name:		
Clinic:		
Address:		
Phone:		Fax:
Email:		

Name:		
Clinic:		
Address:		
Phone:		Fax:
Email:		

Support Coordinator Details:

Support Coordinator Name:		Phone No.:	
Contact Email:			

Invoicing Details:

NDIS / Claim No.:		Invoice to:	
Plan / Case Manager email:			

Medications and dose per day:

i.e., Aspirin 500mg in the morning

Other information: (attach second page if required)