

An occupational therapy based driver rehabilitation program

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**PRESCRIPTION FOR COMPREHENSIVE DRIVER REHABILITATION EVALUATION AND TRAINING/VEHICLE MODIFICATION ASSESSMENT**

Patient Name: Joseph Pete Beckett Phone: 810-765-5328 DOB: 5/13/1978

 Diagnosis T11-L1 SCI Onset Date: 3/12/2002

Has the patient ever had any of the following?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|   | YES | NO |   | YES | NO |
| **Mental or nervous disorder**  |  |  | **Attempted suicide**  |  |  |
| **Poor Memory**  |  |  | **Drug or narcotic habit**  |  |  |
| **Heart Disease**  |  |  | **Severe hay fever or asthma**  |  |  |
| **Diabetes**  |  |  | **Frequent or severe headaches**  |  |  |
| **High or low blood pressure**  |  |  | **Unconscious for any reason**  |  |  |
| **Alcoholism**  |  |  | **Fainting spells or blackout**  |  |  |

**Do you have any concerns about this patient’s driving that the driver rehabilitation specialist should be aware of?**

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|  |
| --- |
| **Seizure Disorder History** *(****Complete only if patient has a history*)** Age at onset \_\_\_\_ Type of Seizure \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Frequency of seizure \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ . This patient has been under my care since \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| The patient has been seizure free for 6 months or more. [ ]  Yes [ ]  No |

This patient **IS** [ ]  **IS NOT** [ ]  reliable in taking prescribed medication

Date you last examined the patient \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**YOUR SIGNATURE BELOW SIGNIFIES THAT MEDICAL APPROVAL FOR THIS PATIENT TO UNDERGO DRIVER REHABILITATION EVALUATION AND TRAINING/VEHICLE MODIFICATION ASSESSMENT IF INDICATED AND SERVES AS A PATIENT PRESCRIPTION**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Stephen R. Hinderer, MD**

**Physician Signature Date Print Name**

7285 WEST ELLSWORTH ROAD ANN ARBOR, MI 48103-9277

**Print Address**

734-622-9500**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** 734-622-9555

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