



Colorado Springs | Denver | Ft. Collins
Phone (719) 231-6657, Fax (719) 931-5559
www.FitnessToDrive.org

Referral for Occupational Therapy Driving Evaluation

Please fax the following script to Fitness to Drive at 719-931-5559.

Patient's Name: _____

Patient's DOB: _____

Patient's Contact Number: _____

Closest Fitness to Drive Location:

<input type="checkbox"/>	Colorado Springs
<input type="checkbox"/>	Aurora
<input type="checkbox"/>	Westminster
<input type="checkbox"/>	Fort Collins

Diagnosis and Comments about Fitness to Drive for this patient:

Reason for Referral: _____

ICD 10 Diagnosis Code: _____

Is the patient on medications which may interfere with fitness to drive?

☐ Yes ☐ No

If yes, please explain: _____

Are you aware of physical, visual, or cognitive conditions which may affect this person's fitness to drive?

☐ Yes ☐ No

If yes, please explain: _____

Physician Signature: _____ Date: _____

Printed Name: _____ Practice Name: _____

Practice Phone: _____ Practice Fax: _____

Please fax this referral and recent office notes to: 719-931-5559