

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	s to Drive at 719-931-5559.
Patient's Name:	
Patient's DOB:	
Contact Phone:	
Closest Fitness to Drive Location:	☐ Colorado Springs☐ Westminster☐ Fort Collins
Diagnosis and Comments about	t Fitness to Drive for this patient:
Reason for Referral:	
ICD 10 Diagnosis Code:	
Is the patient on medications which may ☐ Yes ☐ No If yes, please explain:	
Are you aware of physical, visual, or cogperson's fitness to drive? Yes No If yes, please explain:	•
This completed form will serve as a phys will send you the results of the evaluation determination of fitness to drive for this of	n so that you can provide the final
Physician Signature:	Date:
Physician Office Phone:	Office Fax:

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