# North East Drive Mobility

# Driving and Passenger Assessment Service

Thank you for taking the time to complete this questionnaire, it helps the team to prepare for your appointment and this information is strictly private and confidential.If you need any assistance completing or require any help filling in this form please contact the assessment centre on 0191 2875090.

**Private and Confidential**

Mr  Mrs Miss Ms Doctor  Other please state:

Name: Date of Birth:

Address:

Post code:

Telephone: Home: Mobile:

Email address:

Next of Kin/emergency contact: Telephone:

GP practice: Telephone:

(We may need contact your GP prior to your appointment)

I prefer to be contacted by: Telephone  E-mail Letter

I prefer to be assessed at: Newcastle  Carlisle  Teesside

I prefer to be assessed in: A Manual Vehicle  An Automatic Vehicle

**For your appointment**

* **Please remember to bring your national insurance number and driving licence with you.**
* **Check you can read a number plate from 20 meters (65 feet) away. If you struggle with this let us know.**

Are there any days/times that you cannot attend:

Are you able to attend at short notice: **Yes  No**

Are you filling this form in on someone else’s behalf? If so please give your name and relationship to client:

**About your general health/Medical condition(s) and Vision**

Please tell us a bit about your health and the reason you are coming for a driving assessment.

|  |
| --- |
|  |

Have you or are you experiencing any of the following?

*(Please tick* **🗹** *all of which apply to you)*

Epilepsy

Speech problems

Heart problems

Mental health issues

Allergies

Memory Changes

Difficulty reading

Blackouts/Absence Seizures

Dizziness

Fainting or loss of Consciousness

Major operations

Diabetes- insulin user Y/N

*If you have ticked any of the above boxes, please give details in the box below:*

|  |
| --- |
|  |

|  |
| --- |
| Please provide a list of your medications(if any): |

Your height (approximately): Your weight (approximately):

**Do you have any problems with your vision?**

Glasses for driving

Cataracts

Glaucoma

Macular degeneration

Other please state:

**Do you have any problems with your mobility?**

I have no problems with my mobility

I use a walking aid

I use a wheelchair/scooter

Other please state:

Can you get into and out of a car safely and independently?

**About your Driving Experiences and Licence status**

Have you informed the DVLA of your medical condition? Yes  No

(If you are not sure if you need to notify the DVLA check the medical fitness to drive guidelines on the DVLA website or give us a call)

**Please tick ONE of the following that best applies to you:**

I am interested in learning to drive- **go to part 1**

I am currently driving- **go to part 2**

I am currently not driving as a result of my health- **go to part 3**

**Part 1**

Do you have any relevant driving experience?

**Your Licence Status (tick one)**

I have not applied for my driving licence yet

I have a provisional licence

**Part 2**

How many years of driving experience do you have?

**Your Licence Status (tick one)**

I have a full current licence

I have made an application to the DVLA for renewal and given section 88

I have made a medical declaration to the DVLA but I am still driving while I await the outcome

**Part 3**

How many years of driving experience do you have?

When did you last drive?

Has a health professional advised you not to drive?

If so who and for what reason?

**Your Licence Status (tick one)**

I have surrendered my licence to the DVLA because ……

My licence was revoked due to……

I have a full licence but I have been advised not to drive until I have had an assessment.

I have an application in to the DVLA, I am waiting to hear from them.

I have been given a PDAL by the DVLA.

I have applied for my licence and have been given section 88

**About your Driving history**

If you have never driven you do not need to complete this section.

**What type of vehicle are you driving/ have you driven?**

Make and Model:

Transmission: Manual Automatic

Do you have any adaptations fitted to your car?

|  |
| --- |
|  |

**What are your driving habits? if you tick “in the past” please indicate how long ago.**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Does not apply | Currently | In the past |
| I have speeding points or have attended a speed awareness course |  |  |  |
| I’ve had a road traffic collision or a near miss |  |  |  |
| I have driving penalties |  |  |  |
| I only drive locally to familiar destinations |  |  |  |
| I avoid busy roads and would not drive long distance |  |  |  |
| I am happy to drive longer distances as needed (over 1hr) I would have no difficulty driving in busy unfamiliar roads. |  |  |  |
| I drive every day |  |  |  |
| I drive to work or for work |  |  |  |

**What types of vehicles do you have experience driving**

Car(s)

Motorbikes

Vans

LGV (7.5 tonnes or under)

Bicycle

Bus

Towed any Trailers/caravans

HGV

Mini Buses

|  |
| --- |
| *Other:* |

**Do you have any codes applied to your licence? (codes will be on the back of your licence)**

**Part 4 – Consent Form**

|  |  |
| --- | --- |
| **Your appointment will include**:   * Asking you about your medical history and driving history. * A clinical assessment including physical movements, vision and thinking skills. * An assessment of your driving safety   If you feel unwell or want to stop the assessment for any reason you can do so. | |
| **The possible outcomes are:**   * Safe drive * Unsafe drive * Tuition is required.   If the outcome is that you are unsafe to drive you must stop driving immediately and we will ask you to surrender your licence. From this point you will not be covered by your insurance and in the interests of road safety staff may contact the DVLA. If you are unsuccessful you will be offered support regarding going car free by the transport HUBs service. | |
| **Information will be shared with:**  DVLA referrals: The DVLA will be notified of the outcome and a copy of your report will be forwarded. The final decision regarding your licence will be made by the DVLA.  All other referrals: The referrer will be notified of the outcome and a copy of your report may be forwarded to the person who referred you and your GP. You will be sent two copies of your report please send one to the DVLA. | |
| I consent to the appointment taking place as described above:  **Please read the following sentences and tick if you agree to them:** |  |
| I accept there is a possibility I will be advised to stop driving after today’s assessment. | |
| I am happy for my report to be forwarded to my GP, the DVLA and the referrer if needed. | |
| I accept the general risk of driving a car | |
| I am happy to be contacted regarding research or service developments. | |
| I am happy to have staff in training shadow the appointment for their learning. | |

**I understand the information I have been given and I agree to be assessed**

**Name: …………………………………………… Date: ……………………**

**Signed: ………………………………….**

**I have withdrawn consent: 🞎**

**Signed: ………………………………. Reason (optional):**

**Part 5 – Service monitoring**

As part of our aim to reach everyone in the community, we would be grateful if you would complete these questions on the final page of this questionnaire. Please tick **🗹** one of the following for monitoring purposes.

**White Mixed**

British White and Black Caribbean

Irish White and Black African

Any other white background White and Asian

Please state: Any other Mixed background

**Asian or Asian British** Please state:

Indian  **Black or Black British**

Pakistani Caribbean

Bangladeshi African

Any other Asian background Please state: Any other Black Background Please state:

**Chinese or other ethnic group**

Chinese

Any other

Please state:

I **do not wish to respond to the above information (part 6)**

**If you decide/chose not to attend for a driving assessment you must contact the Centre as soon as possible, this is so we can re-allocate an appointment for a client that is/will be waiting for an appointment.**

**This completed form should be returned in the pre-addressed envelope provided and or with any further information included** *(a stamp/postage is required by yourselves and is not provided with the envelope).* **If you are completing this form by email** *(downloaded version)* **please copy and scan any further information you desire/additional information along with this APP1 application form to this email address** [northeast.drivemobility@cntw.nhs.uk](mailto:northeast.drivemobility@cntw.nhs.uk)

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