



Driving School For People with Disabilities
201 Old York Road – Suite 203 Jenkintown, Pa 19046
Phone: 215-886-7706 Fax: 215-886-7709

Prospective Patient: This clearance form is required for any evaluation or driving lesson. This form must be completed and submitted to the driving school in advance of scheduling an appointment. Please complete this top section of the form, and send to your physician for completion of the remainder.

Patient's Name _____ Phone _____

Contact for Appt (If other than patient): _____
(Name & Phone Number)

Patient's Full Address _____
Zip code _____

Referring Physician's Name _____

Physician's Address _____

Physician's Phone () Physician's Fax ()

Physician: In order to assist us in performing a driver's evaluation on the above-named individual, please complete the medical information requested below. Please return this form to MossRehab (address listed above) or fax it to 215-886-7709. You will receive a copy of the results of this evaluation.

Diagnosis: _____ ICD-9 _____ Date Of Onset _____

Date of birth _____ Date of last seizure (if any) _____

Is patient on medication which may interfere with ability to drive?

Yes _____ No _____
(Indicate Medication & possible side effects)

Are you aware of any other medical and/or visual conditions which may affect this person's ability to drive?

Yes _____ No _____
(Indicate Conditions & possible side effects)

Is this person ready to participate in a driver's evaluation?

Yes No _____
(If no, indicate a later date)

Physician's Signature _____

License Number _____ NPI Number _____
(Required) (Required)