## **Driving Rehabilitation Services**

Stan Cassidy Centre for Rehabilitation							
Centre de réadaptation STAN CASSIDY Centre for Rehabilitation Towards independence / Mer Induserne	800 Priestman Street Fredericton, N.B E3B 0C7 Ph: (506)447-4214 Fax#: (506)447-4160	Name of Patient: Address (home):					
Language Preferred:	Is patient:	Telephone: (home)		(	Cell:		
☐ English☐ French☐ Other:	☐ WorkSafe ☐ DVA ☐ Other	Medicare:		Exp. Date:			
☐ Family/patient is aware of referral		Date of Birth: _	dd	mm	Уу	,	
☐ New Learner Driver  DATE OF DIAGNOSIS:  DIAGNOSIS:							
(Please send as appropriate) REPORTS: ☐ Discharge Summ ☐ Physiotherapy Report ☐ Psy		Ophthalmology/Optom	netrist Report [	Occupati	onal Thera	py Repor	t
Note: Has your patient been repo as per section 309 of the Motor Vo The driving rehabilitation serv on road portion of the driving  No Yes	ehicle Act section 309.1(1) and 30 vices department will obtain a	09.2(1).	,	, ,		. ,	
Person requesting Service:	Print		Telephone #		dd	mm	уу
Referring Physician:	Signature		rint or stamp name				

\*\*\* Incomplete Referrals Will Be Returned For Completion Prior To Acceptance \*\*\*