



RANCHO LOS AMIGOS
NATIONAL REHABILITATION CENTER

Rancho Los Amigos National Rehabilitation Center
Occupational Therapy and Recreation Therapy Department

POLICY AND PROCEDURE

SUBJECT: PROCEDURE FOR REFERRING PATIENTS TO THE DRIVER REHABILITATION PROGRAM	Policy No.: 307.1 Revised: July 2016 Supersedes: November 2015 Page: 1 of 1
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BACKGROUND:

Driver Rehabilitation is a specialized program of the Occupational Therapy (OT) Department and is available to outpatients and to patients referred by physicians in the community. The program is administered by the Rancho Research Institute. The Evaluation includes an OT Clinical Evaluation and on-road evaluation using the program vehicles or evaluation on the driving simulator. Training may include using the modified car or van, or a driving simulator.

PURPOSE:

Persons referring patients to the Driver Rehabilitation Program will follow a specific referral process.

PROCEDURE:

Once the referring party determines that a person is medically stable and a candidate for driver evaluation and training, the following must be done:

1. All referrals must be accompanied by a physician order.
 - a. Referrals from within Rancho Los Amigos National Rehabilitation Center (RLANRC) are via-consult from an acceptable provider (Staff Physician, Physician Assistant or Nurse Practitioner)
 - b. Referrals from outside of RLANRC are via
 - i. E-consult for providers who are on thee-consult system.
 - ii. The Driver Rehabilitation Program Community Referral (Attachment A) or physician's prescription with the request for "OT Driving Evaluation and Training" .
2. Forward the referral package to the Driver Rehabilitation and Training Program.

Director, Occupational and Recreation Therapy

Signature(s) On File

Rev. 7/2016

RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER
OCCUPATIONAL THERAPY DRIVER REHABILITATION PROGRAM
RANCHO RESEARCH INSTITUTE



COMMUNITY REFERRAL

Date Referred: _____ Date Received _____

Client Name:	Cell Phone: ()	Home Phone: ()
Emergency Contact:	Relationship:	Phone: ()

Order item: <input type="checkbox"/> OT Driving Evaluation and Training	
DIAGNOSIS (Required):	Onset Date:
RELEVANT MEDICAL HISTORY/MEDICATIONS:	
PRECAUTIONS:	
REASON FOR REFERRAL :	
TO ADDRESS PROBLEMS RELATED TO:	
<input type="checkbox"/> Ability to return to driving <input type="checkbox"/> Driver license determination / DMV Procedures	<input type="checkbox"/> Information for adaptive driving equipment <input type="checkbox"/> Information for modified vehicles
COMMENTS:	

Prescribing Practitioner Information:

REFERRING PHYSICIAN'S PRINTED NAME:	DATE:
First Name: _____ Last Name: _____	
REFERRING PHYSICIAN'S SIGNATURE	MEDICAL LICENSE#:
PHONE#:	FAX#:

RRI#:	RLA#:
NAME:	
008:	