



Dignity HealthTM

Northridge Hospital
Medical Center

18300 Roscoe Boulevard
Northridge, CA 91328
(818) 885-5460 Telephone
(818) 701-7367 Fax

Thank you for your interest in Northridge Hospital Medical Center's Driver Preparation Program.

Enclosed is a packet containing; General Information, Fee Schedule and Intake Forms which includes a Medical Prescription Form for your physician to complete.

Please review the General Information and **keep for future reference**. Return completed Intake form, signed Fee Schedule, Medical Prescription and Medication (Ambulatory Summary) List in the return envelope provided.

You will be contacted to schedule an appointment once we have received the required information.

If you have additional questions, please contact us at (818) 885-5460.

Thank you,

Northridge Hospital Medical Center
Center for Rehabilitation Medicine
Driver Preparation Program

The Driver Preparation Program provides service to those who have suffered an injury, illness, or condition, which may affect their ability to drive because of physical, cognitive, visual, or perceptual limitations.

Services include: car and van evaluations, driver training, assessment and training for mature drivers, as well as passenger van evaluations for those who require modifications for passenger needs.

This service provided by the Center for Rehabilitation Medicine's Occupational Therapy Department at Northridge Hospital Medical Center is located on the 4th floor of the Institute for Living (IFL) Building.

Who is eligible?

Anyone with a valid Driver License or Learner Permit is able to participate in the evaluation. A physician's referral/prescription is also required.

Does insurance cover this service?

This program does not meet requirements for reimbursement from private and government sponsored insurance plans.

A discount is offered to those who are able to pay on the same day of service.

If you do not have the financial resources, alternative resources include community agencies such as Easter Seals, MS Society or groups such as unions or churches. You are responsible for contacting these agencies.

Does California's Department of Rehabilitation (DOR) pay for these evaluations?

Yes, the DOR authorizes services that assist people with disabilities to live independently and become employed. We accept direct referrals from the DOR to provide Driver Evaluations and Training. If you are a DOR client, speak to your counselor about a referral or apply for services at www.dor.ca.gov.

How do I apply for services?

The enclosed application packet contains the following materials that **must be completed prior to scheduling**:

1. **Intake:** This 2-page form must be completed before scheduling an appointment for evaluation.
2. **Medication (Ambulatory Summary) List:** Please document current medication (prescription and over the counter).
3. **Fee Schedule:** Please review and sign the Fee Schedule attached. You will also be required to sign a Cash Discount Agreement upon registration.
4. **Medical Prescription:** A prescription from a doctor, licensed in the state of California, is required by law prior to receiving hospital services. The prescription must state referral for a driving evaluation and training, your medical diagnosis/condition and any medical precautions. The enclosed form contains all the necessary information. Please have your doctor complete and sign. **YOU WILL NOT BE SEEN WITHOUT A PRESCRIPTION.**

How long does it take to be scheduled?

The wait varies. We should be able to schedule you within 1-4 weeks after receiving your application.

Driver Preparation Program General Information

When do you schedule driving evaluations?

Driving evaluations are generally scheduled Monday and Wednesday from 9:00 AM to 2:00 PM.

What should I bring with me to the evaluation?

Please arrive at least 30 minutes before your scheduled appointment to allow sufficient time to register.

Bring the following items with you, **YOU WILL NOT BE SEEN IF YOU FAIL TO BRING THESE REQUIRED ITEMS:**

1. **Valid Driver License or Learner Permit.**
2. Eyeglasses and any adaptive equipment you need for writing or for mobility.
3. Wheelchair, if you plan to drive or transfer from a wheelchair into the car. Please bring the wheelchair you plan to use in your own vehicle.

If you already own a vehicle that you wish to modify, please bring it as well so it may also be evaluated.

How long will the evaluation take?

Car evaluations take approximately 4 hours. Van evaluations are scheduled for 6 hours or more. Additional time may be required depending on the complexity of your driving needs.

Please arrive at least thirty minutes earlier than you are scheduled to allow sufficient time to register and complete any necessary paperwork.

Once the evaluation has been completed, we will spend an additional 15-30 minutes in a wrap-up discussion to discuss evaluation results and recommendations. It is sometimes recommended that a family member attend and participate in this discussion.

What is the evaluation like?

The evaluation is divided into two sections: The Clinical component and the Behind-The-Wheel portion.

The clinical portion is completed by an Occupational Therapist (OT) with specialized training in evaluating driving skills. It consists of an assessment of your visual and perceptual skills, ability to follow written and verbal directions, judgment, upper and lower extremity strength and reaction time.

The Behind-The-Wheel portion is completed by the OT and a Driving Instructor. It is an evaluation of your actual driving skills in a variety of traffic conditions. You will be taken out, in a hospital owned car or van that is equipped with Instructor's gas and brake pedals to enable the instructor to control the vehicle when necessary. Both vehicles have been modified to meet the adaptive needs of most individuals.

What type of vehicle will I be driving?

The program has a 4-door sedan and a full size van. Both vehicles are equipped with hand controls and a variety of other assistive devices to assess your physical ability to drive. You will be evaluated in either a car or a van depending on which type of vehicle you are able to use and plan to drive. The car has a car-top wheelchair loader, and the van has an electric wheelchair lift. The van is set up so that you can be assessed driving from either the driver's seat or your own wheelchair (either electric or manual). **If you plan to drive from your wheelchair, you must be evaluated in the wheelchair that you will be using in the community. Please bring your wheelchair with you to the evaluation.**

***Driver Preparation Program
General Information***

What will happen if I need additional training?

If it is demonstrated, during your evaluation that you may benefit from training we will make recommendations and estimate the length of time required.

Release of Information / Reporting to the Department of Motor Vehicles

As part of our services, your referring physician will be provided a copy of your evaluation.

Your Protected Health Information (PHI) will not be shared with anyone without your consent. If you would like us to send your information to another party, including the DMV, please let us know so we can provide you with the appropriate consent to sign.

Please return information to the address or fax number below.

If you have any additional questions or concerns, please contact the Driver Preparation Program at the telephone number below.

Center for Rehabilitation Medicine
Driver Preparation Program
18300 Roscoe Boulevard
P.O. Box 9000
Northridge, CA 91328-9920
(818) 885-5460 Telephone
(818) 701-7367 Fax

Date: _____

Patient Information

Name: _____ Birth Date: _____

Age: _____ Social Security #: _____ Sex: Male Female

Address: _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Occupation: _____

Address: _____

Phone: _____

License/Permit #: _____ State: _____ Expiration: _____

Has your license been suspended for any reason? Yes No If yes, describe reason: _____

YOU MUST HAVE A CURRENT DRIVER LICENSE OR PERMIT
NOTE: If your license has been suspended, you must contact the DMV to obtain a
SPECIAL INSTRUCTION PERMIT before we can schedule an evaluation.

Medical Information

Diagnosis: _____ Onset: _____

Referring Physician: _____ Phone: _____

Address: _____

Payment Information

How will you pay for this evaluation? Cash Workers Compensation Department of Rehab

Work Comp Information

Employer (at time of injury): _____ Phone: _____

Address: _____

Date of Injury: _____

Adjustor: _____ Phone: _____

Emergency Contact Information

Name: _____ Relationship: _____

Address: _____

City/State/Zip: _____ Phone: _____

OVER

PRIMARY DIAGNOSIS	ALLERGIES <input type="checkbox"/> No known allergies	SURGICAL PROCEDURES/DATES
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CURRENT HOME MEDICATIONS

(PATIENT MAY COMPLETE COLUMNS WITHIN BOLDED BOX)			(THERAPIST USE ONLY)		
Medication / Purpose: (Including Herbal)	Dose: (How much?)	Frequency: (How often?)	1 st Review- Initials/Date	DC Date	Initials – DC
<i>example: "Motrin / back pain"</i>	<i>"600mg"</i>	<i>"1 time daily"</i>	-----	-----	-----

MEDICATION REVIEW DATE	INITIALS	COMMENTS

THERAPIST SIGNATURE VERIFICATION		
PRINT NAME	INITIALS	SIGNATURE



REHABILITATION THERAPY
Ambulatory Summary List

HGF0114 9/8/08

Name _____

Medical Record # _____

INSTRUCTIONS: A prescription from your physician is required before scheduling services from the Driver Preparation Program. This form is to be completed and signed by referring physician. Please forward this completed form by faxing back to (818) 701-7367 or mail to:

*Center for Rehabilitation Medicine
Driver Preparation Program
18300 Roscoe Blvd.
P.O. Box 9000
Northridge, CA 91328-9920*

PRESCRIPTION: Assessment of driving potential to include:

- ___ Driver Evaluation-(clinic and on road)
- ___ Training-(available after completing Eval)
- ___ Vehicle Assessment
- ___ Other: _____

Client/Patient Name: _____

Diagnosis: _____ ICD: _____

Etiology/Onset: _____

Areas of Deficit: visual physical cognitive/memory sensory
upper extremity lower extremity right-side left-side

Prognosis of Patient's Physical Condition: _____

Current Medication(s): _____

Other Pertinent Information: _____

Other concerns/observations regarding potential for safe and independent driving: _____

Physician Signature: _____ Date: _____

Address: _____

License: _____ Phone/Fax: _____



PATIENT IDENTIFICATION

**DRIVER PREPARATION PROGRAM
PRESCRIPTION**

HGF-0096 (10/31)