



# NDIS Driving Assessment Referral Form

Head Office & Information Display Centre:  
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ABN: 86 111 113 403 - Builders Licence No: 171286C

<b>REFERRER DETAILS:</b>					
Person making referral:			Date of referral:		
Agency:		Position:			
Telephone:		Email:			
Address of agency/person paying:					
ABN:					
<b>CLIENT (DRIVER) DETAILS:</b>					
Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other: <input type="checkbox"/>					
Name:					
Address:			Postcode:		
Mobile:			Home No:		
Email Address:					
DOB:			Age:		
Language:			Interpreter required: Y <input type="checkbox"/> N <input type="checkbox"/>		
NDIS Participant Number					
NDIS Plan Management		<input type="checkbox"/> Self-Managed Plan			
		<input type="checkbox"/> NDIS/agency managed plan			
		<input type="checkbox"/> Plan Nominee:			
		<input type="checkbox"/> Plan Management Provider:			
<b>EMERGENCY CONTACT DETAILS:</b>					
Name:			Contact number:		
Relationship to participant:					
<b>REFERRED FOR:</b>					
First Time Driver <input type="checkbox"/>		Fitness to drive <input type="checkbox"/>		Driver rehabilitation <input type="checkbox"/>	
				Vehicle Modifications <input type="checkbox"/>	
<b>MEDICAL DETAILS:</b>					
Known Diagnosis (i.e. Wheelchair user)					
Doctors medical/referral received			Y <input type="checkbox"/> N <input type="checkbox"/>		
<b>LICENCE DETAILS:</b>					
Licence No.			Expiry Date:		
Licence type		L <input type="checkbox"/>	P1 <input type="checkbox"/>	P2 <input type="checkbox"/>	Full <input type="checkbox"/>
		Other:			
<b>HOME AND SAFETY ACCESS:</b>					
<i>Are there any factors about these premises or this client's situation that could affect access to the premises or the safety of Scope Home Access employees or other sub-contracted workers?</i>					
Parking/Access:		Y <input type="checkbox"/> N <input type="checkbox"/>		Structural hazards: Y <input type="checkbox"/> N <input type="checkbox"/>	
Animals:		Y <input type="checkbox"/> N <input type="checkbox"/>		Other:	