



DRIVER ASSESSMENT SCREEN

FOR MEDICAL PROFESSIONALS

Name: _____

DOB: _____

MD Name: _____

Date: _____

01. Past Medical History MS DM Seizures Mild Cognitive Impairment/Dementia
 Parkinson's Disease Stroke Peripheral Neuropathy

02. History of Falls? Yes No Device for Ambulation? Yes No

03. Vision Considerations:

Glasses: Yes No

Eye doctor visit within the last year? Yes No

Please check off if the patient has been diagnosed with any of the following:

Macular Degeneration Diabetic Retinopathy Glaucoma Cataracts Loss Vision due to stroke

04. Has the patient been involved in a car accident or had a near miss within the past 6 months to a year? Yes No

Comments: _____

05. Has the patient gotten lost while driving? Yes No

06. Does the patient put restrictions on themselves with driving? (Ex: daytime only, no highway, etc.)
 Yes No

07. Has a family member or friend voiced concerns with the patient's ability to drive?
 Yes No

Comments: _____

****If a patient answers YES to at least 2 questions and they have a medical condition that could affect their safety behind the wheel, a driver assessment is recommended****

If a patient has a MOCA score of 18 or below, a driver assessment is recommended as this score indicates driving cessation.