GREEN LIGHT
DRIVER THERAPY

REFERRAL FORM for DRIVER REHABILITATION

CLIENT INFORMATION:

Name: _____ **Driver's License #:**_____
DOB: _____ Gender: _____
Address: _____
Contact #: _____ EMAIL: _____

PURPOSE OF REFERRAL: ***Please forward medical documentation i.e.: Initial Assessment & recent Progress Reports from OT, Case Manager, Neuropsychologist or Psychologist and a completed OCF18***

_____
_____

Injury Codes: _____
(Or provide OCF18 page with this information)
Status: MIG, NONMIG, Catastrophic: _____

INSURANCE INFORMATION:

DOL: _____ CLAIM #: _____
Company:_____ Adjuster Name: _____
Contact #: _____ EMAIL: _____
FAX: _____

LEGAL REPRESENTATIVE INFORMATION:

Law Firm: _____ Lawyer: _____
Law clerk: _____ EMAIL: _____
Contact #: _____

REHABILITATION TEAM:

Occupational Therapist:_____ EMAIL: _____
Contact #: _____

Psychologist: _____ EMAIL: _____
Contact #: _____

Case Manager: _____ EMAIL: _____
Contact #: _____

Green Light Driver Therapy
marjorie@greenlightdt.ca T: 416-414-6784
Marjorie Green, **Occupational Therapist, Certified in Driver Rehabilitation**