Dear Community Participant:

Thank you for expressing interest in participating in our Adapted Driving Program at Helen Hayes Hospital. The Adapted Driving Program consists of two parts: the pre-driver evaluation and the on road evaluation. (Refer to the attached Adapted Driving Program Fact sheet for details).

The Adapted Driving Program is offered by appointment with an Occupational Therapist that is trained in Driving Rehabilitation.

1. Please read, fill out and sign all the documents enclosed in the Adapted Driving Program enrollment packet which includes:

a. Adapted Driving Program Fact sheet

b. Adapted Driving Program Enrollment Form

c. Adapted Driving Program Physician Referral Form- Must be completed by your physician, who will then return it to you for submission with the enrollment packet forms.

2. Mail your **completed enrollment and Physician referral** forms to:

Helen Hayes Hospital

Route 9W

West Haverstraw, NY 10993

Attention: Eileen Szysh, OT Outpatient Neurology

OR FAX: 845-786-4031

This packet is required for us to schedule your appointment. Please keep one copy of these forms for yourself.

3. You will be contacted by the Outpatient Scheduling Office for an

Appointment once all forms are received. If you are awaiting new glasses, or having a pending surgery please schedule your appointment after your glasses are received/surgery completed. DMV minimal requirement for driving is 20/40.

4. The fee for the Evaluation and report ranges from $220.00 -$440.00 based on your needs. Any additional training sessions that are required will cost $175.00 per session.

a. Payment will be required on the day of your appointment via check, Master Card or Visa.

(Checks should be made payable to “Helen Hayes Hospital” with Adapted Driving Program in the memo section of the check. There is a $25.00 fee for a check returned due to insufficient funds.)

b. There are no refunds of any payment once service is delivered

5. Please note: you will not receive a bill or a reminder phone call for your appointment.

6. Please arrive 15 minutes prior to your appointment and proceed to the registration office on the first floor. **Please bring your driver’s license and do not drive yourself to the evaluation.**

7. If there is inclement weather on the day of your appointment, we may contact you to reschedule.

We look forward to having you participate in our Adapted Driving Program. If you have any questions, please contact the scheduling office at: (845) 786-4194.

Sincerely yours,

Eileen Szysh, OTR/L, DRS

Adapted Driving Program Coordinator

**/ProfServ/Forms/DriverProgram/Dear Community Participant 3/2022**

**HELEN HAYES HOSPITAL**

**ADAPTED DRIVING PROGRAM**

**ENROLLMENT FORM**

Please read, complete and sign this Adapted Driving Program Enrollment Form. It will provide key information for us to determine if you meet the criteria and qualify for our program.

|  |
| --- |
| **Participant’s Name: Date of Birth/ Age:** |
| **Address:** |
| **Phone: Cell Phone:** |
| **Emergency Contact Name: Relationship: Phone:** |

**Driving Questionnaire**

!) What is your reason for requesting a driving evaluation? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2) When was the last time you drove? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3) What type of car do you drive? \_\_\_ SUV/Truck \_\_\_Sedan \_\_\_ Standard \_\_\_Automatic

4) Have you had any accidents in the past year? \_\_\_\_\_ Yes \_\_\_\_\_ No

5) Do you have a current driver’s license? \_\_\_\_\_ Yes \_\_\_\_\_No State: \_\_\_\_\_\_\_\_\_\_\_\_\_

6) Do you need any help getting into or out of a car? \_\_\_\_\_Yes \_\_\_\_\_No

7) Are you experiencing any difficulty moving an arm or leg? \_\_\_\_\_Yes \_\_\_\_\_No

If yes, please explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8) Please list any equipment you use for mobility including: wheelchair (make/model/year),

walker, cane, braces, etc:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9) Are you experiencing decreased sensation/sensory changes in your legs? \_\_\_Yes\_\_\_No

If yes, please explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10) Are you experiencing any difficulty turning your head? Yes\_\_\_\_\_ No \_\_\_\_\_

If yes, please explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11) Are you experiencing any difficulty with your concentration or memory? \_\_\_\_Yes\_\_\_\_No

If yes, please explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

12) Do you feel your reactions are quick enough to handle dangerous driving conditions?

\_\_\_\_\_Yes \_\_\_\_\_No

13) Do you wear glasses when you drive? \_\_\_\_\_\_ Yes \_\_\_\_\_\_No

14) When was your last eye exam? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

15) Are you experiencing any difficulty with your vision? \_\_\_\_\_\_ Yes \_\_\_\_\_\_\_No

If yes, please explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

16) In the past year have you experienced any episodes of black outs, fainting spells,

loss of consciousness, or seizures? \_\_\_\_ Yes \_\_\_\_No

If yes, please explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

17) Are you experiencing any pain? \_\_\_\_\_\_ Yes \_\_\_\_\_\_No

If yes, indicate the location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

18) In the past has a friend or family member expressed any concerns about your

driving? \_\_\_\_\_Yes \_\_\_\_\_\_No

If yes, please explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

19) Please list all current medications:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

20) Have you ever been a patient at Helen Hayes Hospital? Yes\_\_\_ No\_\_\_\_

If yes, do you give permission for the adapted driving staff to access your Medical records Yes\_\_\_\_ No\_\_\_

|  |
| --- |
| **Please initial after each and sign below:**   1. **I have fully discussed my participation in the Adapted Driving Program with my**   **Doctor and my Doctor has agreed that I am appropriate for such a program.\_\_\_\_\_\_**   1. **I have accurately and honestly answered all the questions on this enrollment form.\_\_\_\_\_\_** 2. **I understand that I should not drive myself to the evaluation.\_\_\_\_\_\_** 3. **I understand that completion of the Adapted Driving Program**   **does not guarantee that I will be safe to drive. \_\_\_\_\_\_\_\_\_**   1. **I understand that a copy of my evaluation results will be sent to my Physician.\_\_\_\_** 2. **I give permission for DMV to be contacted to verify that my license is currently valid.\_\_\_\_\_**   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  PARTICIPANT SIGNATURE DATE |

**Helen Hayes Hospital Adapted Driving Program Fact Sheet**

**What does the driving evaluation consist of?**

The Adapted Driving Program consists of two parts:

1. **Pre-driving evaluation**: This assessment is designed to evaluate the skills required for driving. This may include, but is not limited to: Reaction time, processing speed, vision, memory, attention, judgment, knowledge of traffic laws

and gross motor skills (i.e.: brake reaction, sensation, trunk, leg and arm function). Each client will participate in physical and visual assessments, paper and pencil tests and a computer test. No computer skills are required.

**2. On Road evaluation**: This assessment is completed once someone passes the pre-driving evaluation. The participant goes on the road with a Certified Driving Rehabilitation Specialist (Occupational Therapist) in the Helen Hayes Hospital evaluator car or van. During the evaluation the therapist is assessing the physical and cognitive (thinking) skills required for driving and determines the equipment needs if any. The evaluation begins on the hospital grounds. Then, if appropriate, will proceed to more heavily traveled roads. A driver’s license is required for the on Road evaluation.

**What happens after the Pre-Driving Evaluation?**

The evaluation results for the pre-driving evaluation are compared to established standards. If the pre-driving evaluation is completed successfully, the participant will go on the road. If not, the recommendation will be that the participant refrains from driving at this time. The participant may or may not be re-evaluated in the future.

**What happens after the On-Road Evaluation?**

Depending on the results of the evaluation, three scenarios could occur:

1. The participant passes and was safe. OK to drive\*

2. The participant does OK, but needs more adapted training sessions either at Helen Hayes Hospital or at a driving school.

3. The participant was unsafe during the evaluation. No driving at this time.

**\*Is the Department of Motor Vehicle (DMV) contacted?**

Helen Hayes Hospital does not contact the DMV directly. However, since DMV is the only agency that can issue or suspend a driver’s license, we recommend all clients contact the DMV. In certain cases, medical clearance will need to be obtained by the DMV. We will assist you with the necessary paperwork. The results of the driving evaluation will be kept confidential and documented.

**How much does it cost?**

The cost ranges from $220.00-$440.00 depending on your needs. For a full evaluation consisting of a pre-driving and on-road evaluation the fee is $440.00. This includes a written report and recommendations. Any additional Adapted Driver Training will cost $175.00/session. The number of training sessions can vary depending on your needs.

**How long does the evaluation take?**

Each aspect of the evaluation takes approximately 1 1/2 hours.

**Who is appropriate?**

The Adapted Driving Program is a comprehensive program that services people with physical and/or cognitive limitations that may interfere with driving (i.e.: stroke, brain injury, MS, Alzheimer, spinal cord injury, amputee, dementia, cardiac issues, etc.).The program also serves the well elderly to assess their potential to continue to drive safely. The participant must be able to transfer into and out of the car. For adapted Van evaluations the options are driving from the seat or wheelchair (if appropriate).

**What equipment is available?**

The Helen Hayes Hospital Adapted Driving car can be equipped with left foot accelerator, spinner knob, hand controls (push/pull, right angle, push/rock, right mounted push rock), low effort and no effort steering. Options are an automatic sedan or adapted van.

**How do I get adaptive driving equipment?**

Upon completion of the evaluation, the therapist will provide the participant with a list of recommended equipment and along with a list of recommended vendors.

**What is the procedure to get an appointment?**

Upon receipt of completed Adapted Driving Program enrollment packet, you will be contacted by the Outpatient Scheduling Office for an appointment.

www.helenhayeshospital.org