



Dear Community Participant:

Thank you for expressing interest in participating in the 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
51-55 North 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

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 your needs

Name: _____ Date of Birth/Age _____

Address: _____

Phone: _____ Cell Phone: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

Driving Questionnaire

1. What is your reason for requesting a driving evaluation? _____

2. Do you have a current driver's license? Yes ___ No ___ State: _____
3. When was the last time you drove? _____
4. What type of car do you drive? SUV/Truck ___ Sedan ___ Standard ___ Automatic ___
5. When you last drove or if you are currently driving, what kind of driving do you do?
Local roads ___ Highways ___ City ___ Nighttime ___ Inclement weather ___
6. Have you ever gotten lost while driving? _____
7. Have you had any accidents in the past year or near misses/unexplained dents
scratches on vehicle? Yes ___ No ___
If yes, please explain _____
8. Do you need any help getting into or out of a car? Yes ___ No ___
9. Have you had any falls in the past year? Yes ___ No ___ If yes, how many? _____
10. Are you experiencing any difficulty moving an arm or leg? Yes ___ No ___
If yes, please explain _____
11. Please list any equipment you use for mobility including: wheelchair (make/model/
year), walker, cane, braces, etc: _____

12. Are you experiencing decreased sensation/sensory changes in your legs? Yes ___ No ___
If yes, please explain _____
13. Are you experiencing any difficulty turning your head? Yes ___ No ___ If yes, please
explain _____
14. Are you experiencing any difficulty with your concentration or memory? Yes ___ No ___
If yes, please explain _____
15. Do you feel your reactions are quick enough to handle dangerous driving conditions?
Yes ___ No ___
16. Do you wear glasses when you drive? Yes ___ No ___
17. When was your last eye exam? _____
18. Do you have any pending eye surgeries? _____
19. Are you experiencing any difficulty with your vision? Yes ___ No ___
If yes, please explain _____

20. In the past year have you experienced any episodes of blackouts, fainting spells, loss of consciousness, or seizures? Yes ____ No ____
If yes, please explain _____
21. Are you experiencing any pain? Yes ____ No ____
If yes, indicate the location: _____
22. In the past has a friend or family member expressed any concerns about your driving? Yes ____ No ____
If yes, please explain _____
23. Do you need help with any of the following? getting dressed ____ taking medications ____
following medication schedule ____ paying bills ____
24. Please list all current medications: _____

25. 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. ____
2. I have accurately and honestly answered all the questions on this enrollment form. ____
3. I understand that I should not drive myself to the evaluation. ____
4. I understand that completion of the Adapted Driving Program does not guarantee that I will be safe to drive. ____
5. I understand that a copy of my evaluation results will be sent to my physician. ____
6. 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 the 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, Alzheimers, spinal cord injury, amputation, 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.

HELEN HAYES HOSPITAL

51-55 North Route 9W, West Haverstraw, NY 10993

Referral for Adaptive Driving Program

Please complete the following checklist, giving special consideration to the effect of the participant's impairments on the driving task. If you have any other information (OT, PT, or Psychological Assessment) that would be pertinent to our understanding of this participant, please attach it.

Participant name: _____ DOB: _____

Physician's name (printed): _____ Phys. Phone #: _____

Physician's address: _____ FAX #: _____

Primary Diagnosis: _____ Date of onset: _____

Secondary Diagnosis: _____

Past medical history: _____

Medical precautions (cardiac, seizures): _____

Loss of consciousness or Coma: _____ Onset: _____ Length of coma: _____

Seizure: _____ Onset: _____ Date of last seizure: _____

Medications: _____

Communication (significant receptive/expressive problems):

Vision (acuity/visual fields): ☐ Intact ☐ Impaired ☐ Corrective Lenses Acuity: _____

Psychological/Cognitive Status (learning disability, attention, memory, impaired judgement, processing skills):

☐ Intact ☐ Subtle Impairment ☐ Severe Impairment Comment: _____

Behavioral issues: ☐ None ☐ Agitation ☐ Emotional Lability ☐ Easily Frustrated/Angered

☐ Resistant to Feedback

Perception (left or right neglect, visual-spatial): ☐ Intact ☐ Impaired ☐ Impaired, but compensates

Comments: _____

Musculoskeletal problems (weakness, ataxia, abnormal tone, significantly limited range of motion):

Comments: _____

Mobility status: ☐ Independent ☐ Supervised ☐ Assisted ☐ Dependent __//__ ☐ Upright

☐ Wheelchair

Transfer status into car: ☐ Independent ☐ Supervised ☐ Assisted

Equipment (assistive device, make/model of wheelchair, orthotics, prosthesis): _____

In your professional opinion, is this participant medically cleared to participate in driving assessment?

☐ Yes ☐ No Comments: _____

Physician's Signature: _____ **Date:** _____