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| **Occupational Therapy Driving Assessment ICRS**

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| *Patient sticker*  |
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**Date of assessment……………………****Assessor…………………………………****Time……………………………………….**

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| Role Explained Yes / No | Consent Yes / No Written / Verbal / Implied |

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| **Driving history** |
| Type of car usually driven?  | Manual/ Automatic, car/ van/ HGV |
| Licence type:  |  |
| Is driving required for employment? | Yes/ No |
| Do you have any concerns regarding returning to driving? | Yes/ No |
| Do you feel confident regarding returning to driving?  | Yes/ No |
| Have your family or friends expressed any concerns regarding you returning to driving? | Yes/ No |
| Has anyone involved in your care expressed any concerns regarding you returning to driving?  | Yes/ No |
| What is the impact on you not currently being able to drive?  |  |
| Do you have any alternative transport options?  | Yes/ No |
| Is a family member able to take on driving duties?  | Yes/ No |

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| **Medical History** |
| Current conditions: |  |
| Pre-morbid conditions:  |  |

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| **Fatigue** |
| Have you experienced fatigue since the stroke? |  |
| How does this affect you? (times of day, severity of fatigue etc)  |  |
| **Physical ability** |  |
| Upper limb’s (motor and sensory function) |  |
| Lower limb’s (motor and sensory function) |  |
| Neck and trunk mobility and stability: |  |
| **Vision** |
| Have you had an eye test since the stroke? (if yes, what was their assessment of your vision?) |  |
| Have you noticed any visual changes since the stroke? |  |
| Do you wear glasses? If yes, what for? |  |
| Did you have any issues with night vision prior to the stroke? |  |
| **Visual screen**: * Visual field loss:
* Visual acuity:
* Diplopia
* Visual perception/ inattention:
 |  |
| Is an orthoptic referral required: |  |
| **Cognition** |
| Do you feel there have been changes to your cognition since the stroke? |  |

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| **Cognitive screening protocol explained to client:** This is a cognitive driving screen and gives us an indication if the cognitive skills required for driving have been impaired. The screen is administered at 4-6 weeks after Stroke. If any issues identified then the screen can be repeated at 3 months following Stroke. After 3 months screen if there are persisting cognitive issues, DVLA should be informed via STR1 form. The therapist may discuss a referral for a detailed on-road assessment to North West Driving centre. **Therapist’s Initials:**  |
| **Cancellation task:** |  |
| **Star Cancellation (A cutoff of < 44 indicates the presence of USN)**Time limit- less than 5 min |  |
| **Clock Drawing (>2 indicates impairment)** |  |
| **Trail making test A** |  |
| **Trail making test B ( normal score <90 sec)** |  |

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| **Summary and interpretation of results:** |

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| **Recommendations:** |

Please note – The cognitive assessments above are not definitive tools for predicting on-road performance. Scores outside of these acceptable cut-off scores are an indicator of compromised cognitive resources needed to drive safely and consequent failure in an on-road assessment.

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| Is the patient in agreement with the recommendations? | Yes/ No |

**Signed: ………………………….. Name: …………………………………………. Date: ……………………**  |  |