



Questionnaire to assess your patient's medical fitness to drive

1. Please indicate diagnosis (tick  relevant box):

a) Cognitive Impairment: stable impairment eg Post Head Injury, Post CVA  ?

b) Dementia: for example Alzheimer's disease, Vascular dementia

c) Other: please give diagnosis

Stable cognitive impairment with frontal problem identified on scan. No significant change over last 10 years. DD MM YY

2. Date of onset of your patient's symptoms.   2001

3. Please give the date you last saw your patient for this condition. 16 7 2012

4. Please give the name date and dosages of current medication:

Name of medication	Dosage	Indication
donepezil	5mg a day	<del>memory</del> Cognitive problem.

5. Does your patient currently experience side-effects from their medication which are likely to impair safe driving? N/A  YES  NO

6. Is the mental state and/or behaviour so unstable and/or so severe as to make driving dangerous? YES  NO

7. Does your patient lack insight and/or judgement to a degree that would make driving dangerous? YES  NO

8. Is your patient experiencing continuing hallucinations/delusions likely to distract attention from driving? YES  NO

9. Does your patient's condition cause significant impairment in their ability to perform the activities of daily living? YES  NO

If YES, please give details.

10. In the last 12 months, has your patient demonstrated persistent misuse of either drugs or alcohol (including recurrent binge drinking)? YES  NO

If YES, please supply details (including actual drugs, blood test/urine results (if available))

CG2



11. Please give dates of any detoxification treatment for either drugs or alcohol in the last 3 years: \_\_\_\_\_

12. Are you aware of any other medical condition that may affect safe driving? YES  NO

If YES, please specify \_\_\_\_\_

12a Do you have any information regarding your patient's driving? YES  NO

If YES, please supply the details  
*Reports that he has not had any problems driving  
Family confirm this and have no concern about his driving  
has built an extension to his house recently so is capable of managing*

13. Please supply the name(s)/address of any other doctor(s)/specialist(s) involved in your patient's treatment  
*(S.P.)*  
such projects also require driving skills

Is there an Invoice to follow? Yes  No  Is there a VAT Invoice to follow? Yes  No

Signature: \_\_\_\_\_  
Name: \_\_\_\_\_  
Date: *15/8/12*  
Phone No: \_\_\_\_\_  
GMC No: \_\_\_\_\_



Date of renewal: 

31	7	2013
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Please enter the payee details i.e. the name of the person/organisation that the fee is made payable to

Name (in capitals) \_\_\_\_\_

Driver & Vehicle Licensing Agency

