



Outpatient Services
2381 Lawrenceville Road
Lawrenceville, NJ 08648-2024

609-896-2515 voice
609-896-0698 fax
www.slrc.org web

Patient Name: _____

Patient Account: _____

DRIVER EVALUATION CONSENT FORM

1. I consent to participate in driver evaluation services conducted by St. Lawrence staff, as ordered by my physician, for the purpose of determining my ability to drive a motor vehicle safely.
2. I acknowledge that my insurance coverage has been explained to me and I guarantee payment of any and all services rendered which are not covered or allowed by any insurance coverage. I understand that all bills are payable and are due upon receipt. I understand that all accounts not settled will be forwarded to a collection agency.
3. I certify that I have provided the St. Lawrence staff with the most current and accurate information about my driving history, license status, medical conditions and medications.
4. I understand that safe driving requires not only good physical control of the vehicle but also good visual, perceptual and cognitive skills. I understand that my medical diagnosis may impair my driving ability and potentially my ability to participate in driver rehabilitation services. I understand that St. Lawrence staff reserves the right to terminate my participation in this program at any time if my behaviors compromise the safety of the training vehicle's occupants or public safety.
5. I authorize St. Lawrence staff to inform my referring physician and any authorized third party payer of the results of this evaluation. I agree to abide by the recommendations given by St. Lawrence staff upon completion of driver evaluation services. Such recommendations may include:
 - a. Driver training services.
 - b. Vehicle modification with adaptive equipment and submission for a road test at the state motor vehicle commission.
 - c. Further medical consultation.
 - d. Submission of my license for medical review to the state motor vehicle commission for determination of license privilege. I agree to cease driving immediately if St. Lawrence staff believes it is unsafe for me to continue to drive.

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6. **I understand that driving a motor vehicle on public roads is a privilege granted to me by the state and that the authority to revoke my license rests solely with the state motor vehicle commission. In the interest of public safety, I understand that my referring physician and the St. Lawrence staff may inform my state motor vehicle agency of my diagnosis and driving status, respectively, when required by law to do so. I give my consent to all such disclosures with an awareness that such disclosures may potentially result in the revocation of my license. I further understand that all recommendations made are based on present driving abilities and that I will need to follow up with my physician to discuss the results of this evaluation. I understand that the final decision regarding driving privilege, driver training or to discontinue driving is a medical decision and remains the responsibility of the physician and/or the state motor vehicle commission.**
7. I release and hold harmless St. Lawrence Rehabilitation Center and their trustees, agents, employees and contractors from any losses, liabilities, damages and expense (including without limitation, reasonable attorney's fees) arising out of or related to any claim relating to personal injury or property damage that may arise following participation in this driver evaluation and training program.

This information was reviewed and acknowledged on:

St. Lawrence staff (reviewed with client)

Date

Client Signature

Date

Signature of person authorized to act

Date

(Explain: _____)