

Driver Assessment & Training  
 Toll Free: 1-877-397-1035  
 Phone: 416-398-1035  
 Fax: 1-855-704-4080



Saint Elizabeth  
*Well beyond health care*

**Insurance Referral Form**

|   |               |   |  |
|---|---------------|---|--|
| CLIENT INFORMATION  |               | Date of Referral                                    |  |
| Last Name   |               | First Name  |  |
| Address   |               |   |  |
| City  |               | Postal Code   |  |
| DOB   |               | Occupation  |  |
| Home Phone  |               | Bus Phone   |  |
| Licence #   |               | Licence Suspension: Yes No                          |  |
| Referral Name   |               | How did you hear about us?                          |  |
| Address   |               |   |  |
| Phone   |               | Fax   |  |
| REASON FOR ASSESSMENT   |               |   |  |
| Diagnosis   |               | Dementia Yes No                                     |  |
| Has the Ministry of Transportation been informed of diagnosis? <input type="checkbox"/> YES <input type="checkbox"/> No,<br>If Yes, Date MTO informed:_____ |               |   |  |
| Physician   |               | Parkinson's Yes No                                  |  |
| Address   |               | Mobility cane walker wheelchair                     |  |
| Phone   |               | Comments  |  |
| Fax   |               | Emergency Contact:                                  |  |
| LEGAL REPRESENTATIVE  |               |   |  |
| Name  |               |   |  |
| Address   |               |   |  |
| Phone   |               | Fax   |  |
| INSURANCE INFORMATION   |               |   |  |
| Insurer   |               |   |  |
| Address   |               |   |  |
| Adjuster  |               |   |  |
| Phone   |               | Fax   |  |
| Claim #   | Date of Loss: | Catastrophic / Non-Catastrophic Injury (pls circle) |  |

Main office: 25 Centurian Drive, Unit 104  
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 F 1-855-704-4080  
 www.drive.sehc.com

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