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

Health

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? Yes ☐ No ☐ 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 ◯

Main office: 25 Centurian Drive, Unit 104
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