

MossRehab Driving Program
Physician Referral Form
201 Old York Road – Suite 203
Jenkintown, PA 19046
Phone: 215-886-7706
Fax: 215-886-7709

Jenkintown, PA
 Woodbury, NJ
 Rehoboth, DE
 Wilmington, DE

To be completed by Patient or MossRehab Representative:

Patient's Name: _____ Date of Birth: _____

Primary Phone Number: _____ Alternative Phone Number: _____

Street Address: _____ Last 4 of SSN: _____

City: _____ State: _____ Zip Code: _____

Emergency Schedule Contact: _____ Phone Number: _____

Does the patient have: Active License Suspended License No License Permit

Provide Patient's License Number:

To be completed by Referring Physician: In order to assist us in performing a driver's evaluation on the above-named individual, please complete the medical information requested below. Please return this form to the above address or fax to 215-886-7709. You will receive a copy of the results of this evaluation.

Referring Physician's Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____

Diagnosis: _____ ICD10: _____

Date of Onset _____ Date of last seizure: _____ Not Applicable

Is the patient on medication which may interfere with ability to drive?

No Yes If YES, list medication & possible effects:

Are you aware of any other medical / visual condition which may affect this person's ability to drive?

No Yes If YES, specify:

Is this person ready to participate in a driver's eval at the MossRehab Driving Program?

Yes No If NO, reason:

Physician's Signature _____ Date Completed: _____

Physician Print Name _____

License Number _____ NPI Number _____
(REQUIRED) (REQUIRED)

Additional information can be found at: MossRehab.com/services/driving-school