

Employer referral form



NOTE: Please complete all sections in BLOCK CAPITALS. If an interpreter is required, this will need to be arranged privately. Please note the patient needs to hold a valid driving licence to be eligible for a driving assessment. Upon receipt of your referral RDAC will contact you regarding invoicing & your client to arrange the assessment.

referrer details

Name Role

Work Address

Postcode

Phone Number Email

client details

Title Name D.O.B

Gender Female Male Non-Binary Prefer not to say

Address

Postcode

Phone Number Email

alternative contact details

Name Relationship

Address

Postcode

Phone Number Email

Patient prefers us to contact this person: Yes No

Patient would like their appointment letter copied in to this person: Yes No

Has your patient given consent for this referral? Yes No



invoice details

Company Contact Name

Address

Postcode Reference

Phone Number Email

driving details

Does the patient have a valid driving licence? Full Provisional No current licence

Referral for: Car Assessment Motorbike Assessment HGV/LGV/PSV Assessment

Vehicle Access Assessment/Wheelchair Stowage Powered Wheelchair and Mobility Scooter

booking information

Which Centre would you like to attend?

Accrington	<input type="radio"/>	Hull	<input type="radio"/>	Oxford	<input type="radio"/>	Solihull	<input type="radio"/>
Ashton	<input type="radio"/>	Leicester	<input type="radio"/>	Scunthorpe	<input type="radio"/>	Wolverhampton	<input type="radio"/>
Aylesbury	<input type="radio"/>	Manchester	<input type="radio"/>	Shrewsbury	<input type="radio"/>	Worcester	<input type="radio"/>
Cannock	<input type="radio"/>	Northhampton	<input type="radio"/>				

Please provide as much information as possible regarding their reason for referral:

medical information

What medical condition do you have and how does it affect you?

Signature Date

freedom to move

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