



Disabled Persons Freedom Pass Supporting information request

Title (Mr/Mrs/Ms):	
First/Forename(s):	
Surname/Family Name:	
Date of Birth:	Contact Number:
Address:	

The above named applicant has applied for the disabled persons Freedom Pass and has indicated that they have a medical condition that would deem them unfit to drive.

We need to establish if the client is medically fit enough to drive in regards to their medical condition(s). The fact that they may not hold a driving licence or cannot drive is immaterial. We just need to establish that they would be a danger to themselves or others if they were to be driving.

We would therefore be grateful if you could in your professional opinion supply us with information about their diagnosis, treatment and prognosis so we are able to determine their eligibility.

The DVLA's 'Assessing fitness to drive – a guide for medical professionals can be located using the following link. <http://www.gov.uk/dvla/fitnesstodrive>

The criteria being considered by the completion of this form are:-

'would, if applied for the grant of a licence to drive a motor vehicle under Part III of the Road Traffic Act 1988, have their application refused pursuant to section 92 of the Act (physical fitness) otherwise than on the ground of persistent misuse of drugs or alcohol.'

Under Section 92 of the Road Traffic Act 1988 the Secretary of State may refuse to issue a driving licence on the grounds of the applicant's medical fitness. Those who are currently barred from holding a licence are people with:

Or

The applicant has an enduring mental health condition and has accessed secondary care mental health services in the last 12 months.

1. Would the client be refused a licence to drive in view of their medical condition?	YES <input type="checkbox"/>
	NO <input type="checkbox"/>

2. Please list their diagnosis/treatment
Approximate date of the diagnosis

3. Has your decision been made based on the DVLA's Assessing fitness to drive a guide for medical professionals?	YES <input type="checkbox"/> NO <input type="checkbox"/>
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4. Which section of the DVLA standards does the applicant fall under? <input type="checkbox"/> Psychiatric Disorder <input type="checkbox"/> Neurological Disorder (which does not affect mobility) <input type="checkbox"/> Diabetes Mellitus <input type="checkbox"/> Visual Disorder <input type="checkbox"/> Drug/ Alcohol Misuse & Dependence

5. Have you advised the applicant of your recommendations for the cessation of driving? <i>The fact that they may not hold a driving licence or cannot drive is immaterial. We just need to establish that they would be a danger to themselves or others if they were to be driving.</i> If the answer is no, please confirm why the client has not been informed of this decision.	YES <input type="checkbox"/> NO <input type="checkbox"/>
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6. Describe how the condition would affect the client when driving and generally.

7. Please confirm the treatment, medication and dosage prescribed		
Name of Medication	Dosage	Reason for prescribing

8. What would the side effects be of this medication?

<p>9. Would appropriate treatment and medication control the client's condition enabling them to drive in the future?</p> <p>If yes when would it be likely that satisfactory control of the symptoms would be attained to enable driving?</p>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>
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<p>10. Are the symptom(s) of the client's condition(s) that prevent the client from driving intermittent, for example seizures?</p> <p>If yes please confirm when the last known episode occurred and how frequently episodes have arisen in the past 12 months:</p>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>
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<p>11. Have you recommended a review date regarding either applicant's condition or driving?</p> <p>If Yes please provide the date of this review _____</p>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>
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Consultant Psychiatrist or Doctor's signature	
Please Print Name	
Date	
Team/Practice Location	
Official Stamp:	<p>PRACTICE STAMP</p>

Thank you for your assistance with this matter.

Please note: If this form isn't fully completed the applicants request for a freedom pass will be refused due to insufficient evidence of their entitlement to this concession. The completed form should be uploaded to www.lewisham.gov.uk/catinformation Please quote the reference number showing on page 1 of this form.