

Bugow's Driver Rehab

812 State Fair Blvd. Syracuse, NY 13209

600 Fishers Station Dr. Victor, NY 14564

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PHONE 315-341-8811 FAX 315-889-8812

REFERRAL FORM

NAME: _____ DOB: _____ SEX: M ___ F ___

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ Cell: _____ E-MAIL: _____

Check Desired Location for Service: ___ Syracuse ___ Utica ___ Victor ___ Rochester		
Referral for:	Beginner Driver	Experienced Driver
	___ Driver Evaluation	___ Driver Evaluation-no equipment
	___ Driver Training	___ Driver Evaluation-with equipment
	___ Equipment Evaluation for Passenger	<i>Driver Training may be provided if indicated by Evaluation</i>

REFERRAL SOURCE: _____

Which document do you have? License: _____ Permit: _____ Expiration Date: _____

What state is your document? New York ___ Other: _____

Is your license amended for adaptive equipment? Yes: _____ No: _____

Is your license or permit currently suspended or revoked? Yes: _____ No: _____

When did you last operate a motor vehicle: _____

CURRENT DIAGNOSIS (please list) Onset Date: _____

Seizure within the last year? No: _____ Yes: _____ If yes, Date: _____

Loss of consciousness within the last 12 months? No: _____ Yes: _____ If yes, did it last over 24 hours? No: _____ Yes: _____

Current Prescription Medications that may affect safe driving:

Physician (please print name): _____

Agency/Program: _____ Address: _____

City: _____ State: _____ Zip: _____

PHONE: _____ FAX: _____

DATE: _____

Return completed referral to:

Bugow's Driver Rehab

257 Middle Rd. Oswego, NY 13126

FAX: 315-889-8812 Email: dan@bugows.com