BUGOW'S DRIVER REHAB

Syracuse: 812 State Fair Blvd., Syracuse, NY 13209
Victor: 600 Fishers Station Dr., Victor, NY 14564
Phone: 315-341-8811 | Fax: 315-889-8812 | Email: dan@bugows.com

REFERRAL FORM

Name: _____ DOB: _____ Sex: M____F____

Address: _____City: _____State:_____Zip:_____

Cell Phone: _____Email:_____

Referral Source / Agency:_____

CHECK SERVICE REQUESTED:

Driver Evaluation_____ Driver Training_____ Safe Passenger Evaluation:_____

Document Type: Driver's License_____ Learner's Permit_____ None_____

State of Issue: New York____ Other: _____Expiration Date: _____

Is license/permit currently suspended or revoked: Yes____ No____

MEDICAL HISTORY & MEDICATIONS

Current Primary Diagnosis / Diagnoses:

_____

_____

Seizure within the last year: No___ Yes____ If yes, date of last seizure:_____

Loss of consciousness within 12 months: No___ Yes___ If yes, did it last over 24 hours: No____ Yes___

Current prescription medications prescribed within the past 12 months that may affect safe driving:

_____

_____

_____

_____

REFERRING PHYSICIAN / PROVIDER INFO

Physician Name/Agency (Print): _____

Phone: _____ Fax: _____

Address: _____City: _____State: _____ Zip:_____

RETURN COMPLETED REFERRAL TO:

Fax: 315-889-8812 **Email:** dan@bugows.com **Text:** 315-341-8811

Mail: Bugow's Driver Rehab, 257 Middle Rd. Oswego, NY 13126