



Referral for Driving Assessment

Please Print

DCAT assessment only \$99
 Full Driver Evaluation \$395

Date:		A
First Name:.....	Last Name:.....	
Date of Birth:/...../..... <small>D M Y</small>	Age:.....	
Address:.....		
..... Zip Code:.....		
Telephone:		

Contact (if other than patient):	B
Relationship:.....	
Telephone:.....	

Referred by (please print):.....	C
Signature:.....	
Address:	
Phone:..... Fax:.....	

Reason for Referral:.....	D
.....	
Relevant Medical History:.....	
.....	
.....	

Please fax to:

Excel Driving School
4620 Dixie Hwy.
Waterford, MI 48329

Phone: 248-673-6799
Fax: 248-673-6434

Appointment Time:	E
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All referral information will be kept strictly confidential and will not be released in any form without signed consent from the client.