

Name: patName  
Date: ...rentDate.yyyysmmsdd

**Disclaimer:** This form is based on national guidelines', except items in italics. The user of this form assumes responsibility for decisions arising from its use,  
1. Third Canadian Consensus Conference on Diagnosis and Treatment of Dementia

**Dementia Diagnosis:**

- ☐ Lewy Body (DLB)  
☐ Frontotemporal (FTD)

STOP!  
Assume  
unsafe

- ☐ Other: AD, VCI

**Consider cognitive test results:**

- ☐ MMSE < 20  
☐ Unable to draw clock  
☐ Unable to complete Trails B

STOP!  
May be  
unsafe

- ☐ No major deficits above

**Functional deficit related to cognition in any of:**

- ☐ Bathing  
☐ Dress  
☐ Eating  
☐ Toileting  
☐ Ambulation

OR

**Deficits in more than one of:**

- ☐ Medication compliance  
☐ Banking  
☐ Shopping  
☐ Cooking  
☐ Cleaning  
☐ Telephone use

STOP!  
Assume  
unsafe

- ☐ No deficits above

***Collateral history:***

- ☐ *Prior moving violations*  
☐ *Prior collisions*  
☐ *Family has specific concerns*

STOP!  
May be  
unsafe

***Other factors affecting driving?***

- ☐ *Yes:* \_\_\_\_\_

- ☐ No

Assume safe

**Final Assessment**

<input type="checkbox"/> Safe	<input type="checkbox"/> May be unsafe	<input type="checkbox"/> Unsafe
<input type="checkbox"/> Plan to repeat assessment in 6-12 mo <input type="checkbox"/> Re-affirm "not if but when"	<input type="checkbox"/> Recommend suspension OR <input type="checkbox"/> Refer for specialized assessment +/- temporary suspension <input type="checkbox"/> Re-affirm: "not if but when"	<input type="checkbox"/> <b>Recommend suspension</b> <input type="checkbox"/> <i>Inform patient and CG</i> <input type="checkbox"/> <i>Discuss alternatives</i> <input type="checkbox"/> <i>Refer to community resources</i>

Assessor signature: \_\_\_\_\_

## **Further Resources for Driving and Dementia:**

### **Cognitive assessments:**

- Trails B: google "Trails B" (image search)
  - Instructions: [www.linkinghub.elsevier.com/retrieve/pii/S0887617703000398](http://www.linkinghub.elsevier.com/retrieve/pii/S0887617703000398)
  - [MH-Trail Making Test Part B Custom Form](#)
- Clock drawing test: various versions...
  - "Draw a clock and put the numbers in. Now make the time ten after eleven"
  - Examine contour, number placement and hand placement.

### **Nova Scotia Rehabilitation Center (NSRC):**

Department of O.T

1st Floor NSRC 1341 Summer St.

(902) 442-7594

3 Part assessment:

- Neuropsychiatric testing (TMT, CogniSTAT etc and simulator)
- Road-test if indicated (in Halifax)
- Assessment of possible mitigating factors

### **DriveABLE c/o Physioclinic**

2632 Windsor St

Halifax, NS B3K 5C8

Phone: 902-423-2605

Fax: 902-425-7948

- Evidence-based on-road assessment (AR Dobbs, Edmonton)
- Standardization across sites
- [www.driveable.com](http://www.driveable.com) There is a link to locations and referral. forms.

### **Alzheimer Society of Nova Scotia**

[www.alzheimer.ns.ca](http://www.alzheimer.ns.ca)

5954 Spring Garden Rd

Halifax, NS B3H 1Y7

Phone: 902 422-7961

Infoline. 1-800-611-6345

### **"DMV"**

Dept of Business & Consumer Services

Road Safety Program

Attention: Medical Advisory Committee

1505 Barrington St. (9 North)

Halifax, NS B3J3K5