DRIVER REHABILITATION SERVICES, P.A.
PO BOX 448 | McLeansville, NC 27301
OFFICE: 336-697-7841 | FAX: 336-697-7842
TOLL-FREE NUMBER: 1-888-888-0039

Vocational Rehabilitation / Independent Living Services Referral

*FAX form along with recent medical data on file to # **336-697-7842***

VR/IL will be sent a cost estimate for services.

Client Information:

First and Last Name: _____

Address/City/State/Zip: _____

Phone Numbers: Home_____ Work_____ Mobile_____

Date of Birth: _____ Current Age: _____ Client is: Male _____ Female _____

Does client have a valid driver's license or permit? Yes_____ No_____ Unknown_____

Reason for Referral (note medical challenges client may be experiencing that could compromise driving):

_____

_____

_____

_____

_____

Does client use mobility aids? No ____ Yes ____ Cane____ Walker____ Wheelchair____ Prosthesis_____

Is client involved in DMV Medical Evaluation Program? Yes_____ No_____Unknown_____

Vocational Rehab / Independent Living Information:

Rehab Counselor First and Last Name: _____

Unit Office: _____

Address/City/State/Zip: _____

Email: _____ Phone: _____ Fax: _____

Engineer Name: _____