

Disabled Person's Freedom Pass



Confidential

Medical Report Form

PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS.

The medical report form is for applicants with any of the following conditions:

1. Profoundly or severely deaf or without speech.
2. Does not have arms or has long-term loss of the use of both arms.
3. Medically unfit to drive.
4. Learning disability (arrested or incomplete development of mind which includes significant impairment of intelligence and social functioning).

This form should not be used by applicants that have a disability or an injury which has a substantial and long-term adverse effect on their ability to walk. These applicants will be subject to a mobility assessment by the Integrated Community Therapy team at Haringey Teaching Primary Care Trust. This will be organised directly with the applicant upon receipt of their completed application form. No payments will be made for medical reports received about mobility difficulties.

This form must **only** be completed by Doctors, Consultants or Medical Specialists.

Note to Doctors: you may complete a fee form if you wish to claim the statutory payment for the completion of this form.

If you have any enquiries relating to this form please contact the Concessionary Travel team at Haringey Council. Tel: 020 8489 1878 or 1865.

Patient's Surname:

Patient's Forename(s):

Address:

Postcode:

Date of Birth:

Doctor's Name:

Telephone:

Please indicate the name/diagnosis of your patient's disability.

1. Profoundly or severely deaf or without speech

YES

NO

Is your patient profoundly or severely deaf?

This would mean a hearing loss of at least 70dBHL.

Is your patient without speech?

This means they are unable to make basic oral requests, e.g. to ask for a particular destination or fare, or unable to ask specific questions to clarify instructions.

This category DOES NOT include those who are able to communicate orally but whose speech may be slow or difficult to understand, for example, a severe stammer.

2. Does not have arms or has long term loss of the use of both arms

YES

NO

Is your patient without the long-term use of both arms?

3. Medically unfit to drive

Section 92 of the Road Traffic Act 1988 states that the Secretary of State may refuse to issue a driving licence on the grounds of an applicant's medical fitness.

YES

NO

Do you believe the patient would have their application refused if they were to apply for a driving licence?

The grounds for denying a driving licence are as follows:

- i. Epilepsy (unless it is a type which does not pose a danger)
- ii. Severe mental disorder
- iii. Liability to sudden attacks of giddiness or fainting (whether as a result of cardiac disorder or otherwise)
- iv. Inability to read a registration plate in good light at 20.05 metres (with lenses if worn)
- v. Any other disability likely to be a source of danger to the public if the applicant drove

If **YES**, please indicate on what grounds.

If the patient suffers from epilepsy, how often does the patient suffer from epileptic fits and are they controlled by medication?

Please indicate any medication, treatment or rehabilitation that has been prescribed for your patient and that is relevant to their application for a Disabled Persons' Freedom Pass.

Please note that people who persistently misuse drugs or alcohol are not covered by the definition of "disabled person" under the act.

4. Learning disability (arrested or incomplete development of mind which includes significant impairment of intelligence and social functioning)

YES

NO

Does the patient have a learning disability, that is, a state of arrested or incomplete development of mind which includes significant impairment of intelligence, social functioning and behaviour?

If YES, please indicate how below.

Please indicate any medication, treatment or rehabilitation that has been prescribed for your patient, and that is relevant to their application for a Disabled Person's Freedom Pass.

Doctor's Signature:

Date:

Name:

Date:

Practice Stamp

This must be provided if your patient's application is to be considered.

This form should be completed and returned in the envelope provided.

Practice Stamp