

Central Mass Safety Council
186 West Boylston Street
West Boylston, MA 01583
Tel: 508-835-2333
Fax: 508-835-2869
centralmasafety.com



Welcome to the CMSC Adaptive Driving Program

You are receiving this intake packet because you have recently inquired about our Adaptive Driving Program. Let us start by gathering all the pertinent information and documents that we need to set up your initial clinical evaluation.

ADAPTIVE DRIVING PROGRAM INTAKE FORM

Please complete all the fields in this packet. A copy of your license/permit should also be remitted along with the doctor's order form that is included. Any missing documents or incomplete forms will delay scheduling

1. CLIENT INFORMATION

Full Name: _____

Date of Birth: _____

Height (ft/in): _____

Address: _____

City/State/Zip: _____

Mailing Address (if different): _____

Cell Phone# _____ Home# _____

Email: _____

Emergency Contact Name: _____

Emergency Contact phone# _____

2. FUNDING SOURCE

Will you be a private pay client? Yes No

If you are a private pay client, have rates been explained? Yes No

If funded by an agency, please provide the agency name and contact info:

3. HOW DID YOU HEAR ABOUT US?

Central Mass Safety Council
186 West Boylston Street
West Boylston, MA 01583
Tel: 508-835-2333
Fax: 508-835-2869
centralmasafety.com



4. MEDICAL INFORMATION

Do you have medical clearance to drive? Yes No

If no, please briefly explain: _____

Diagnosis: _____

Diagnosis date: ____/____/____

Do you have any driving concerns?

Have you ever had a seizure? Yes No

If so, date of last seizure: ____/____/____

Do you take any daily medications (do not list names)? Yes No

Do you have a service animal? Yes No

5. DRIVING HISTORY

Are you a licensed driver? Yes No If not, do you have a Learner's Permit? Yes No

If your license is from out-of-state, how long have you lived in MA? ____Years____Months

License/Permit Number: _____

Issue Date: ____/____/____ Expiration Date: ____/____/____

Are there any restrictions listed on your license? Yes No

If yes, what restrictions? _____

Is your license currently suspended or revoked? Yes No

Do you self-restrict when/ where you drive? Yes No

If yes, please explain? _____

What is the year/make/model of the vehicle you drive/or intend to drive? _____

Central Mass Safety Council
186 West Boylston Street
West Boylston, MA 01583
Tel: 508-835-2333
Fax: 508-835-2869
centralmasafety.com



Do you currently use any adaptive driving equipment? Yes No

If yes, describe your adaptive equipment

Any difficulty using the equipment? Yes No

6. COGNITIVE ABILITIES

Difficulty concentrating Memory difficulties

Please explain, if applicable: _____

7. PHYSICAL ABILITIES

Left Hand impaired Right Hand impaired

Left Arm impaired Right Arm impaired

Left Foot impaired Right Foot impaired

Left Leg impaired Right Leg impaired

Any head movement difficulty? Up Down Left Right

Neuropathy: Yes No Vision Difficulty: Yes No

Do you use any of the following mobility aids? Walker Yes/ No Cane Yes/ No

Crutches Yes/ No Scooter Yes/ No

Manual Wheelchair Yes/ No Power Wheelchair Yes/ No

Manual Chair Make/Model: _____ Height: _____ in

Power Chair Make/Model: _____ Height: _____ in

*Are you able to **independently** transfer to/from a sedan or small size SUV? Yes No

*Are you able to **independently** load/unload your mobility device (wheelchair/walker/other) into this same size vehicle? Yes No

Central Mass Safety Council
186 West Boylston Street
West Boylston, MA 01583
Tel: 508-835-2333
Fax: 508-835-2869
centralmasafety.com



8. LANGUAGE ACCESS STATEMENT

To support safety and effective instruction, we ask participants to share their preferred spoken and written language. This helps ensure clear communication during evaluations and behind-the-wheel training. Language preference information is used only to support access to services and does not affect eligibility or participation.

Preferred language for:

- Spoken communication: _____
- Written materials: _____

9. CANCELLATION AND ARRIVAL POLICY

- No call/no show fee: \$150.00 if not canceled within 24 hrs. prior to the appointment.
- Please try to arrive 15 minutes before your appointment to ensure everything is in order.

10. ATTENTION MASSABILITY CLIENTELE:

MassAbility clients acknowledge their evaluation information and subsequent driving lesson documentation may be shared with their MassAbility counselors upon request as part of third-party payment requirements.

11. SIGNATURES (Please sign and date this page to avoid delays in scheduling)

Client Signature: _____

Date: ____/____/____

Parent/Guardian Signature (if minor): _____

Date: ____/____/____

Central Mass Safety Council
186 West Boylston Street
West Boylston, MA 01583
Tel: 508-835-2333
Fax: 508-835-2869
centralmasafety.com



DOCTOR ORDER - Occupational Therapy
Must be filled out by an MD, NP or PA

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|
| Office Name: | |
| Provider Name: | |
| Address: | |
| Phone: | |
| Fax: | |
| Patient Name: | |
| Patient DOB: | |
| Diagnosis: (mandatory to complete) | |
| Based on the client's current medications, are there any concerns or contraindications that may impact his or her ability to drive safely? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, please briefly explain: _____ _____ |

Provider's signature: _____

Date: ____/____/____

Central Mass Safety Council
186 West Boylston Street
West Boylston, MA 01583
Tel: 508-835-2333
Fax: 508-835-2869
centralmasafety.com



ENROLLMENT CHECKLIST

- Intake form- fully completed, signed and dated
- Doctor's Order- include the completed order with this packet or send it to your Dr. and have them fax it to us.
- Copy of your License/Permit or Mass ID attached
- Terms & Conditions waiver- signed and dated

Questions? Call/text (508) 835-2333 and choose **option 3** to leave a message for our Adaptive Department

or

email our Adaptive Coordinator, **Jennifer Bounville** @
jbounville@cmscautoschool.com

Thank you for choosing the CMSC Adaptive Driving Program!