

NOTIFICATION OF DRIVING SAFETY

Name: _____

Date: _____

Address: _____

Dear Madam/Sir,

You have recently undergone an assessment for memory /cognitive challenges. Through comprehensive assessment, it has been found that you have _____dementia. The severity is _____.

Even with mild dementia, compared to people your age, you are at eight times more risk of having a car accident in the next year. Even with mild dementia, the risk of a serious car accident is 50 per cent within two years of diagnosis.

Additional factors in your health assessment raising concerns about driving safety include:

Therefore, for your safety and the safety of others, my instruction is that you stop driving. As your doctor I have a legal responsibility to report potentially unsafe drivers to the Ministry of Transport. Even with a previous safe driving record, your risk of a car accident is too great to continue driving. Your safety and the safety of others are highly regarded.

I understand this may be difficult to accept and an inconvenience to your daily routine and independence. I advise you to contact the Community Navigation and Access Program (CNAP) at 1-877-540-6565 to learn more about other modes of transportation available to you.

_____ M.D. _____ Patient _____ Witness

Adapted from: Byzsewski A. et. al. (2009). The Driving and Dementia Tool Kit 3rd Edition. The Champlain Dementia Network and the RGP of Eastern Ontario.