



At Fort Sanders Regional Medical Center  
1901 Clinch Avenue, Knoxville, TN 37916  
Phone (865) 331-2112 – Fax (865) 331-4909

## Comprehensive Driving Program at Patricia Neal Rehabilitation Center Patient Questionnaire

### PERSONAL INFORMATION:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #1:(\_\_\_\_) \_\_\_\_\_ Phone #2:(\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Vocation History: \_\_\_\_\_

Leisure Activities:

\_\_\_\_\_  
\_\_\_\_\_

### MEDICAL HISTORY:

Current Diagnosis: \_\_\_\_\_ Onset Date: \_\_\_\_\_

Medical History (Please list all including surgeries):

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Medications (Please list all):

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Drug / Other Allergies: \_\_\_\_\_



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Seizure History: Yes No Date of Last Seizure: \_\_\_\_\_

Last Eye Doctor Appointment: \_\_\_\_\_ New prescription: Yes No

Please circle: Glasses Contacts

Any vision complaints? (Double / Blurred): \_\_\_\_\_

**DRIVING HISTORY:**

Driver's License: Yes No License # \_\_\_\_\_ Exp. Date \_\_\_\_\_ State \_\_\_\_\_

Learner's Permit: Yes No License # \_\_\_\_\_ Exp. Date \_\_\_\_\_  
State \_\_\_\_\_

Car Information: Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Automatic Standard

Age received Driver's License? \_\_\_\_\_

Has your license been suspended or revoked? If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you currently driving? Yes No

If no, when was the last time you drove a vehicle? \_\_\_\_\_

Traffic Conditions Currently Driving In: Residential City County Interstate

Any Conditions Currently Avoiding: Night Rain Snow Others: \_\_\_\_\_

Recent Traffic Violations (past 5 years):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for participating in the Driver Rehabilitation Program? \_\_\_\_\_



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