

Driving and Dementia: Decision Support Tool*

Disclaimer: This form is based on national guidelines¹, except items in italics. The user of this form assumes full responsibility for decisions arising from its use.

Patient: _____
Date: _____

Dementia Diagnosis:
 Lewy Body (DLB)
 Frontotemporal (FTD)



Other: AD, VCI

Consider cognitive test results:
 MMSE < 20
 Unable to draw clock
 Unable to complete Trails B



No major deficits above

Functional deficit related to cognition in any of:
 Bathing
 Dressing
 Eating
 Toileting
 Ambulation

Deficits related to cognition in more than one of:
 Medication compliance
 Banking
 Shopping
 Cooking
 Cleaning
 Telephone use



No deficits above

Collateral history:
 Prior moving violations
 Prior collisions
 Family has specific concerns



Other factors affecting driving?
 Yes: _____

No

Assume safe

Final Assessment:

<input type="checkbox"/> Safe	<input type="checkbox"/> May be unsafe	<input type="checkbox"/> Unsafe
<input type="checkbox"/> Plan to repeat assessment in 6-12 mo <input type="checkbox"/> Re-affirm "not if but when"	<input type="checkbox"/> Recommend suspension OR <input type="checkbox"/> Refer for specialized assessment +/- temporary suspension <input type="checkbox"/> Re-affirm: "not if but when"	<input type="checkbox"/> Recommend suspension <input type="checkbox"/> <i>Inform patient and CG</i> <input type="checkbox"/> <i>Discuss alternatives</i> <input type="checkbox"/> <i>Refer to community resources</i>

Assessor signature: _____

* For clinical use only. This form may not be modified. Developed by Dalhousie GMRU
 1. Third Canadian Consensus Conference on Diagnosis and Treatment of Dementia