

Driving Notification

Name: _____

Date: _____

Address: _____

You have undergone assessment for memory/cognitive problems. It has been found by comprehensive assessment that you have _____ dementia. The severity is _____.

Even with **mild** dementia, compared to people your age, you have an 8 times risk of a car accident in the next year. Even with **mild** dementia, the risk of a serious car accident is 50% within 2 years of diagnosis.

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

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 too important.

_____ M.D.

_____ Witness