

# Dementia and Driving Screening Summary Sheet

Dementia Type  AD  VAD  FTD  LBD  Mixed AD/VAD

MMSE: \_\_\_\_\_ MOCA \_\_\_\_\_

**Severity:** Very Mild  Mild  Moderate  Severe

**SHAFT:** Shopping  Housework  Accounting  Food  Telephone

	OK	A problem	Comments
Family Concerns			
Visuospatial ability			
Judgment / Insight			
Reaction Time			
Trails A / B	Trails A <input type="checkbox"/> Trails B <input type="checkbox"/>		
Drugs			
Vision/Hearing			
Other Medical/ Physical			

## Recommendations:

Patient Safe to Drive       Unclear if Patient Safe to Drive       Not Safe to Drive

6 Month follow-up appointment on: \_\_\_\_\_