



Saskatchewan College of Psychologists

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Membership Advisory

Traffic Safety Act - Mandatory Reporting Requirements of Unsafe Drivers

The *Traffic Safety Act* identifies the duty of medical practitioners to report to SGI any driver who they have reason to believe by virtue of a health condition may be unsafe to operate a motor vehicle. Psychologists are defined within the regulations as a medical practitioner and as such have a duty to report. Specifically Section 283 of the Act and Section 3 of the Regulations state:

Requirements of medical reports

283(1) Any duly qualified medical practitioner shall report to the administrator the name, address and clinical condition of every person who:

- a) is 15 years of age or over attending on the medical practitioner for medical services; and*
- b) in the opinion of the medical practitioner, is suffering from a condition that will make it dangerous for that person to operate a vehicle.*

Regulations:

(3) For the purposes of section 283 of the Act, a "duly qualified medical practitioner" or "medical practitioner" means:

- a) a person who is registered pursuant to The Medical Profession Act, 1981, other than a person registered pursuant to section 42.1 of that Act, and whose registration is not under suspension;*
- b) a person who is a member in good standing of the Saskatchewan College of Psychologists pursuant to The Psychologists Act, 1997*
- c) a registered nurse who is entitled, pursuant to The Registered Nurses Act, 1988, to practise in the nurse practitioner category; or*
- d) a person who is a member in good standing of the Saskatchewan Society*
- e) of Occupational Therapists pursuant to The Occupational Therapists Act, 1997.*

SGI has implemented a form entitled "Cognitive Assessment Report" on which information regarding concerns is to be submitted (see below). Questions regarding this requirement should be directed to the Medical Review Unit of SGI.

Cognitive Assessment Report



SGI pays the complete cost for requested medical reports, billing code 74A.
You will not be charged an additional fee by your practitioner.

Medical Review Unit - 3rd Floor
2260-11th Ave., Regina, SK S4P 2N7
Toll Free Phone Number: 1-800-667-8015 ext. 6176
Local Phone Number: 306-775-6176
Toll Free Fax: 1-866-274-4417 or 306-347-2577
mruinquiries@sgi.sk.ca

Please print

Part 1 - Customer Information		Last Name	First Name	Middle Initial	Date of Birth
					DD MMM YYYY
Address			Customer Number	Class of Licence	

Driver's Certificate and Waiver

I certify that the information I have given in this report, to the best of my knowledge, is correct and complete. I agree to allow my practitioner to forward this report directly to the Auto Fund Division. I also understand that any driver's licence issued to me may be withdrawn if I do not meet the medical requirements for the licence.

Customer signature: _____ Date: _____ Phone: _____
DD MMM YYYY

Part 2 - Practitioner Information

Name and contact information: _____

Patient in my care since _____

Designation:
 Physician
 Nurse Practitioner
 Occupational Therapist

Part 3 - Assessment Information

Please address the following points to the best of your ability:

Cognitive diagnosis and onset: _____

Related treatment and/or medication _____

Is the impairment expected to be temporary (likely to resolve in 3-6 months)?
 Yes No Unknown

Could current medication / treatment result in:
 Sedation or Psychomotor slowing
 Impairment of Concentration/Attention
 Impairment of Judgment
 Blurred or Double Vision

Has your patient been referred for further assessment?
 Yes No
 Type: _____

Which of the categories listed below best describes your patient's cognitive status, **check one only**:

- Some memory impairment - no definitive diagnosis**
 -forgets names, location of objects
 -may have trouble finding words
 -may have difficulty travelling to new locations
 -may have difficulty handling problems at work
- Mild impairment**
 -has difficulty with complex tasks or instrumental activities of daily living (such as finances, shopping, planning dinner, cooking, taking medication, telephoning, etc.)
- Moderate impairment**
 -has difficulty with performing two (2) or more *instrumental activities of daily living* (including medication management, banking, shopping, telephone use, cooking, etc.) or any *basic activity* (including eating, dressing, hygiene)
 -needs help choosing and putting on clothing, assistance with bathing, etc
 -has gotten lost and or disorientated while driving
- Severe impairment**
 -decreased ability to use toilet, or is incontinent
 -vocabulary limited
 -loses ability to walk and sit
 -unable to smile

Additional medical conditions? (please list) _____

Related treatment/prescriptions? (please list) _____

Cognitive screening test(s) conducted (e.g. MMSE, MoCA, Trail A, Trail B, Clock Drawing, FAQ, etc.) Yes No (Include results with form)

Additional comments to take into consideration: _____

Thank-you for completing this report, the information will be reviewed with our customer's file and a licensing decision will be made.

Practitioner signature: _____ Date: _____
DD MMM YYYY