Confidential medical information

VOCH1 ONLINE
(Rev Apr 12)

PART A: ABOUT YOU

Please answer the questions on this form in **BLOCK CAPITAL** letters using **BLACK INK**

Title: (Mr, Mrs, Miss, Other?) Surname: Date of Birth:

First Name(s): Driver No:

Address:

Postcode

Telephone Number(s):
Home
Mobile

Email

PART B: ABOUT YOUR GP AND YOUR CONSULTANT

GP's Name and Address

Dr:

Postcode:

Consultants Name and Address

Title:

Postcode:

TEL No: *(Including dialling code)*

TEL No: *(Including dialling code)*

Date last seen by GP
(For this condition)

Date last seen by Consultant
(For this condition)

If you have more than one consultant, please give their name and address on a separate sheet.

GP email address *(if known)*

Consultants email address *(if known)*

Hospital number *(if known)*

PART C: Please give details of other clinics you are attending below

Name of clinic	Reason for attendance	Date seen

MEDICAL IN CONFIDENCE

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(Rev 4 Nov 09)

1. Please indicate what type of heart or other cardiovascular problems you have and date of diagnosis or treatment (tick ✓ relevant box). Please ensure **all** questions are answered either yes or no.

		YES	NO	DATE			
a)	Angina			**Last attack**			
b)	Heart Attack (Myocardial Infarction) or Acute Coronary Syndrome						
c)	Angioplasty/Stent			**Date of most recent procedure**			
d)	Heart By-Pass Surgery(CABG)						
e)	Abnormal Heart Rhythm (Arrhythmia)			**Date of most recent episode**			
f)	Pacemaker			**Date Implanted**			
g)	Defibrillator			**Date Implanted**			
h)	Peripheral Arterial Vascular Disease			**Date last seen**			
i)	Aortic Aneurysm			**Date last seen**			
j)	Heart Failure			**Date last seen**			
k)	Has a special pacemaker been implanted to improve your heart failure?			**Date Implanted**			
l)	TIA/Stroke			**Date of onset**			

m) Any other heart condition? – Please give details

NAME	DOB	REF

2. If required, would you be able to walk at a brisk pace for 9 minutes? **Yes** ☐ **No** ☐

3. Please give details of your current medication:

Name of Medication	Dosage	Reason For Taking

4. Please state your current height: _____

Please state your current weight: _____

5. **Please indicate what type of cardiac investigations or procedures you have undergone or are waiting for: (tick ✓ relevant box)**

		Yes	No	Date
a)	Exercise test or treadmill test	☐	☐	☐☐☐

Did you stop any medication 48 hours prior to the test? **Yes** ☐ **No** ☐

If yes state what medication was stopped _____

Do you know how long you exercised for to the nearest minute? _____

		Yes	No	Date
b)	Myocardial Perfusion Scan/Stress Echo	☐	☐	☐☐☐
c)	Coronary Angiography	☐	☐	☐☐☐
d)	Echocardiogram	☐	☐	☐☐☐
e)	Other	☐	☐	☐☐☐

If other please provide details below:

_____

_____

6. **Do you have any other medical condition?** **Yes** ☐ **No** ☐

If YES , please give details

_____

_____

NAME	DOB	REF

CONSENT

Please read the following information carefully and then sign the statement below. This section MUST be completed and must NOT be altered in any way.

Important information about Consent

You will see that we have asked you for your consent for the release of medical reports from your doctors as we may require further information. In addition, as a part of the investigation into your fitness to drive, DVLA may require you to undergo a medical examination or some form of practical assessment.

In these circumstances, those personnel involved will require your background medical details to undertake an appropriate and adequate assessment. Such personnel might include Doctors, Orthoptists at eye clinics or Paramedical Staff at a Driving Assessment centre. Only information relevant to the assessment of your fitness to drive will be released.

In addition, where the circumstances of your case appear exceptional, the relevant medical information would need to be considered by one or more of the Secretary of State's Honorary Medical Advisory Panels. The membership of these Panels conforms strictly to the principle of confidentiality.

All data held by DVLA is used for internal evaluation of the quality of our services.

Consent and Declaration

I authorise my Doctor(s) and Specialist(s) to release reports/medical information about my condition relevant to my fitness to drive, to the Secretary of State's medical adviser.

I authorise the Secretary of State to disclose such relevant medical information as may be necessary to the investigation of my fitness to drive, to Doctors, Paramedical staff and Panel members.

I declare that I have checked the details I have given on the enclosed questionnaire and that, to the best of my knowledge and belief they are correct.

"I understand that it is a criminal offence if I make a false declaration to obtain a driving licence and can lead to prosecution."

Name: _____

Signature: _____ Date: _____

I authorise the Secretary of State to :

Inform my Doctor(s) of the outcome of my case	**YES**	☐	**NO**	☐
Release medical information, discovered during the investigation into my fitness to drive, to Doctor(s)	**YES**	☐	**NO**	☐

Electronic Release of Information

DVLA is able to request and receive medical information by fax and email from you, your doctor(s) or any relevant personnel associated with your medical enquiry

All information held by DVLA is treated with strict confidentiality. E-mails with personal information will be sent by DVLA to medical professionals only where a secure network is available. The security of the electronic transmission of information over the Internet cannot be guaranteed and DVLA cannot accept responsibility for e-mails or faxes sent by others, until they have been received by us. If we are unable to communicate in this way, conventional postage methods will be used instead. You must confirm in writing if you wish to cancel the agreement to communicate electronically.

Do you agree to DVLA communicating with you by fax and / or email	**YES**	☐	**NO**	☐
Do you agree to DVLA communicating with your Doctors, Orthoptists or relevant personnel by fax and / or e-mail?	**YES**	☐	**NO**	☐

NAME	DOB	REF

Please use the contact details below to return your completed medical questionnaire to the Drivers Medical Group.

By Post

Drivers Medical Group
DVLA
Swansea
SA99 1DF

By fax

0845 850 0095

Find out about DVLA's online services

Go to: www.direct.gov.uk/onlinemotoringservices