

Please read attached

Police Report

Moving Massachusetts Forward
DOT

PSYCHIATRIC EVALUATION FORM

I hereby authorize the person completing this form to discuss and release any or all medical records pertaining to its content with or to representatives of the Registry of Motor Vehicles. [Signature] 4/27/16
Applicant's Signature Date

THIS FORM MUST BE FULLY COMPLETED BY A PHYSICIAN: A MEDICAL DOCTOR WHO IS LICENSED TO PRACTICE IN THE COMMONWEALTH OF MASSACHUSETTS OR A PSYCHIATRIC NURSE PRACTITIONER.

PATIENT INFORMATION: Name: Gary Kaye D.O.B. 2/1/86

License #: 964849303 Reported Condition: substance abuse

The Registry of Motor Vehicles has received information that the patient named above may have a condition which could affect his/her ability to operate a motor vehicle. Please complete the following so that the Registry can fairly evaluate the impact of your patient's condition upon his/her ability to operate a motor vehicle safely:

- Please describe the patient's psychiatric condition, using DSM-IV 5-axis diagnosis: Mr Kaye has recurrent major depressive disorder, moderate (296.32/F33.1) and Attention Deficit hyperactivity disorder (314.01/F90.2). He has a history of substance abuse (in this report) which he has a history of substance abuse (305.70/F15.10) on effective medications for depression & ADHD with no signs/symptoms or evidence of predicted problems for driving. He is in full remission of so has no substance-related disability preventing him to safely drive.
 - Please describe the extent, frequency and control of the symptoms of the patient's condition or disability which may affect his or her ability to operate a motor vehicle (i.e., oriented in all spheres, dissociative episodes, etc): Mr Kaye is stable
 - Is the patient's psychiatric condition or disability likely to interfere with his/her mental or physical ability to operate a motor vehicle safely? Yes ☐ No ☒
 - If condition involves seizure or any type of altered or loss of consciousness, please state type and date of last episode: ON March 16 (the last episode) (this is the police report) Mr Kaye was observed impaired while driving a sedation/propofol drug. He has not replaced any use since and historically is not a chronic driver/Barely driving since his episode.
 - Is patient on any medication(s)? ☒ Yes ☐ No If Yes, please list medication(s) with dosage(s): Pericon 15mg po q15, Wellbutrin XL 300mg po qam, Strattera 80mg po qam.
- Are these medications, separately or in combination, likely to interfere with his/her ability to operate a motor vehicle safely?
☐ Yes ☒ No

6. Please check one of the following categories:

I hereby certify that in my professional opinion and to a reasonable degree of medical certainty, one of the following:

- ☒ The patient named above is medically qualified to operate a motor vehicle safely.
☐ The patient named above is NOT medically qualified to operate a motor vehicle safely.
☐ I am unable to determine driving ability and recommend the patient undergo a competency road examination.

7. Please check one:

I have read the attached police report and am aware of the reported incident involving my patient.
☒ Yes ☐ No ☐ N/A

8. Additional Comments:

The report fails to document any observed impaired driving except for the information provided to police by Mr Kaye's friend who also was involved @ that time!

Physician's / RN's Name	<u>JOHN H. HALPERIN</u>	Telephone	<u>617-855-3703</u>	Registration #	<u>150283</u>
Street Address	<u>115 Mill St</u>	City	<u>Bellingham</u>	Date	<u>4/27/16</u>
Signature	<u>[Signature]</u>				