| caregiver.)   |
|---|
| Date:   |
| Name:   |
| Address:  |
| Dear Mr. (Mrs.):  |
| I realize that this is a difficult recommendation for you, but based on the results of tests performed, I am recommending you do not drive.   |
| You have undergone assessment for memory/cognitive problems. It has been found by comprehensive assessment that you have dementia. The severity is  |
| Even with <b>mild</b> dementia, your risk of a car accident in the next year is eight times that of other people your age. Even with <b>mild</b> dementia, the risk of a serious car crash is 50% within two years of diagnosis.  |
| Additional factors in your health assessment that raise concerns about driving safety include:  |
| As your doctor, I have a legal responsibility to report potentially unsafe drivers to the Provincial Registrar. I have no choice in this matter. Even with a previous safe driving record, your risk of a car crash is too great for you to continue driving. Your safety and the safety of others are too important. |
| M.D Witness   |
| Date  |
| Copies given to:  |

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(This is an example of a letter the doctor can provide for the person with dementia to

remind the person of the need to stop driving. A copy can be given to the family