

Texas Department  
of Health



Texas Department  
of Public Safety

# MEDICAL ADVISORY BOARD FOR DRIVER LICENSING

1100 West 49th Street  
Austin, Texas 78756-3199  
(512) 834-6700

## PHYSICIAN REFERRAL FORM

12.096 (a) A physician who is licensed to practice medicine in Texas may voluntarily inform the department or the board, orally or in writing, of the full name, date of birth, and address of a patient over the age of 15 years whom he or she has diagnosed as having a disorder or disability specified in the rules of the department. The release of such information by the physician to the board is an exception to the patient-physician privilege requirements of Section 5.08 of the Medical Practices Act.

12.098 (a)...Physicians voluntarily reporting to the board under Section 12.096 may NOT be held liable for their professional opinions, recommendations and reports.

Health and Safety Code,  
Title 2 Subchapter H, Section 12.096 and 12.098

FOR YOUR CONVENIENCE, THIS FORM MAY BE COPIED

Patient's Name: \_\_\_\_\_

Patient's Address: \_\_\_\_\_

\_\_\_\_\_ City State ZIP

Patient's Date of Birth: \_\_\_\_\_

Patient's Driver License Number, if known: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Please circle any medical categories applicable to this patient:

- |                 |             |                 |
|-----------------|-------------|-----------------|
| Cardiovascular  | Metabolic   | Musculoskeletal |
| Neurological    | Psychiatric | Blackout        |
| General Medical | Vision      | Substance Abuse |

SPECIFIC LIMITATIONS TO DRIVING: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Physician

\_\_\_\_\_  
PRINTED Name of Physician

\_\_\_\_\_  
State Board Number

\_\_\_\_\_  
Address of Physician

( ) \_\_\_\_\_  
Telephone Number of Physician

\_\_\_\_\_  
City, State, ZIP