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PATIENT INFORMATION AND PREPARATION CHECKLIST

Fitness for driving, aviation and work

Frequently asked questions and patient acknowledgment

This FAQ explains how to prepare for an Addiction Medicine assessment about driving, aviation or work. Start by gathering the documents that show why the assessment is needed, what treatment you have undertaken and what evidence supports your progress.

Please read this first

- **Plan to attend in person.** Face-to-face assessment is required in almost all cases. Telephone assessments are not offered.
- **Send your documents before booking.** Missing records or insufficient evidence can delay the assessment or prevent the report from being completed.
- **The fee pays for an assessment and clinical opinion.** It does not make you fit or competent, remove other requirements, buy a favourable report or restore your licence.
- **Do not expect immediate clearance.** Further treatment, monitoring or assessment may be needed, and the opinion may be that you are not fit to drive, fly or do the work being assessed.
- **The report is an expert medical opinion.** The licensing body remains the final decision-maker, even when the opinion supports your application. CASA and workplace decision-makers likewise make their own decisions.
- **Interstate video assessment is exceptional.** It needs a compelling reason why a suitable specialist in your own state or territory cannot assess you.

Before booking

Read this FAQ, prepare your documents and complete the acknowledgment on the final page. Return the signed page with your assessment documents through the clinical referral or MEDirect pathway, as explained near the end of this FAQ. Reception can help if anything is unclear.

Reviewed 30/09/2026. Current online version: dreric.net/driving-and-occupational-assessments

Documents and treatment evidence

What should I send before requesting an appointment?

Send whatever applies to you. If something is missing, say what it is and how you are obtaining it.

1. **The formal request:** the complete letter, notice or form from the licensing authority, CASA, employer or instructing organisation, including its questions, reference number and deadline.
2. **The purpose:** for example reinstatement, renewal, removal of a restriction, a periodic review or return to work, with your jurisdiction and any current licence or work restrictions.
3. **What happened:** a factual timeline of what prompted the assessment, the substances involved, your pattern of use and any recurrence, with dates.
4. **A referral and health summary:** from your GP or treating doctor, covering your medical and mental health history, current medicines and other treating practitioners.
5. **Treatment and progress:** reports from treatment providers showing what you took part in and when, how you responded and the current plan.
6. **Objective evidence:** complete laboratory and monitoring reports, with collection dates and any supervision or chain-of-custody details.
7. **The activity being assessed:** your licence class and driving duties, your aviation certificate class and role, or your job description and safety-sensitive duties.

A brief email saying that you have stopped using a substance or need your licence back is not a substitute for these records. Send complete, legible documents, preferably as PDFs rather than screenshots or cropped results, and keep a copy. Bring photo identification to the appointment; ask reception what to bring if you no longer hold a current driver's licence.

How much detail is needed about the incident or concern?

Give a clear, accurate account rather than simply saying that you need a report. Include relevant events and dates, such as drink- or drug-driving offences, crashes, workplace incidents, positive tests or a previous assessment, and supply the records mentioned in the request where available. An assessment may also be requested without any offence. Do not provide legally privileged material without advice from your lawyer.

What should my treatment records show?

They should show what was treated, when, what you actually took part in, how you responded and the ongoing plan, with each provider's details. Include setbacks as well as progress. Attendance certificates, support-group participation and personal statements can contribute, but on their own they do not establish recovery or fitness. No single course, certificate or amount of treatment guarantees approval.

What if I cannot find the authority's letter or my records?

Ask the issuing organisation for a replacement, and previous clinicians and laboratories for their records. Tell reception what is outstanding before booking. A preliminary clinical consultation is sometimes appropriate while information is gathered, but the formal report usually cannot be completed without the request, its questions and the supporting evidence. A deadline does not change this.

Is this the right assessment?

What can Dr Hadinata assess?

The Addiction Medicine aspects of fitness for driving, aviation and work: substance use, treatment, recovery and related health risks. This is not a general certificate of competence, a practical driving or flight test, or confirmation that every requirement of a job has been met, and other medical, psychological or practical assessments may also be needed. Please send the exact questions the authority or organisation needs answered.

Can I book just to have a form signed or get my licence back?

No. The fee pays for Dr Hadinata to assess you, review the evidence and reach his own clinical opinion, not for a particular form or a restored licence. If you are not fit for the activity, paying for or completing an assessment does not make you fit.

You should not expect to leave the assessment cleared to drive. Further treatment, testing, monitoring, restrictions or another assessment may be needed, and the conclusion may be that a return to driving cannot be supported at all. Completing further steps does not guarantee a favourable later opinion. If you will only proceed on the understanding that the report will support you, this service is not suitable.

I have not started treatment or monitoring. Should I book?

Not for a clearance report, but you can still seek help. Time away from driving or work does not, by itself, show that the concern has been addressed. Speak with your GP first about treatment and the evidence that will be needed. If you want an initial clinical assessment or treatment advice, the referral should say so clearly. A licensing or workplace concern does not necessarily mean addiction; the assessment establishes what applies to you.

Attendance and interstate requests

Do I need to attend in person? Is a telephone assessment possible?

Face-to-face assessment is required in almost all cases, and there is no telephone assessment option. Plan to attend the consulting rooms in Prahran, Melbourne, unless Dr Hadinata has expressly agreed to another arrangement. A call with reception is for administrative arrangements only. Video being available for some treatment consultations does not mean a formal fitness assessment can be done remotely.

I live interstate. Can I be assessed by video?

Usually you should see a suitable specialist in your own state or territory, who can assess you in person and work with local services and your authority. Interstate video assessment is considered only in exceptional circumstances: explain the compelling reason a local specialist cannot assess you and which services you have approached. Convenience, or a preference for a different opinion, is not enough.

Send your authority's complete letter, forms and testing instructions, because requirements differ and some processes specify particular assessors. Even an accepted video assessment may need local examination, supervised testing or a later in-person appointment. Please do not book travel or testing until the request has been accepted.

Testing and medicines

Which tests will I need, and do they need supervised collection?

There is no standard package. The substance, pattern of use, period being assessed and the authority's requirements determine the plan, which may include urine drug testing, blood tests, hair testing or alcohol-interlock records. A single negative result does not establish sustained recovery, and results are interpreted with the clinical history. See Austroads' assessment and monitoring guidance (austroads.gov.au).

Some assessments require verified identity, supervised collection, specified laboratory methods, random or repeated testing, or a documented chain of custody (a record of how each sample was collected, identified and handled). A home test, an unsupervised sample or a screenshot may not meet that standard, and a workplace screen may not satisfy a licensing authority, or the reverse. Supply complete reports, including missed collections and unexpected results.

Can I arrange testing before the appointment?

Send existing results first. Before paying for new testing, confirm the test, timing, collection requirements and provider, because testing without an agreed plan may need to be repeated. A pathology request or monitoring plan from this practice is issued only when clinically appropriate. Continue any monitoring already directed by your treating team or authority.

What about prescribed medicines, medicinal cannabis or treatment for opioid use disorder?

List all medicines with doses, prescribers and recent changes, including medicinal cannabis, treatment for opioid use disorder, sedatives, pain medicines and stimulants, as well as any non-prescribed substances. Prescribed treatment does not automatically establish fitness or unfitness, and road, aviation and workplace requirements differ. A medicinal cannabis prescription does not by itself make driving lawful; see Transport Victoria's medicinal cannabis guidance (transport.vic.gov.au).

Do not stop prescribed treatment to try to obtain clearance. Discuss any change with your treating clinician. If you drink heavily or take sedatives every day, get medical advice before stopping, because withdrawal can be dangerous.

Driver licensing

Are the requirements different for commercial drivers?

Yes. Tell the practice your licence classes and what you actually drive, including heavy vehicles, passenger services or dangerous goods. Commercial driving generally needs closer scrutiny and may need a longer period of documented stability. A short period without substance use or one negative test does not guarantee clearance. See the Austroads substance-use standards (austroads.gov.au). Only the licensing authority can issue, restore or vary your licence.

Can an assessment remove an interlock condition or replace treatment?

No payment or assessment substitutes for the requirements that apply to you. An interlock, treatment, prescribed medicines, monitoring or any other condition stays in place unless the responsible authority or treating clinician formally changes it. Completing a course, an interlock period or a disqualification is relevant evidence, so send those records, but it does not guarantee a favourable opinion or a reissued licence. Do not drive until you are legally entitled to; if you are unsure, ask the licensing authority.

Aviation and work

What is different for pilots, air traffic controllers and CASA?

Aviation has its own medical standards and may require substantially more evidence and ongoing monitoring than a driving assessment; meeting road-driving criteria does not establish fitness to fly. Provide CASA's correspondence, your aviation reference number, certificate class and role, your designated aviation medical examiner's (DAME) details, the specialist questions, and your treatment and full testing history.

Confirm the assessment and monitoring plan with your DAME and CASA. No abstinence period or test schedule can be promised to secure certification. An Addiction Medicine report supports the aeromedical process; it does not replace the aviation medical examination or issue a CASA certificate. See CASA's medical assessment guidance (casa.gov.au).

What should an employer or worker provide for a fitness-for-work assessment?

The written referral or instructions, the reason for assessment, specific questions, the job description and actual duties, especially safety-critical tasks such as driving, operating machinery, working at heights or caring for others. Include shift patterns, the workplace alcohol and drug policy, incident details, complete screening and confirmatory laboratory reports, and any restrictions or return-to-work plan. Make clear who is commissioning and paying for the report, and who will receive it.

A test result and fitness for a particular job are different questions: the clinical opinion considers the whole picture, and the employer or regulator applies its own requirements. A report covers only the agreed scope, not every vehicle, aircraft or occupation, so tell the practice at the outset about every intended use; rail or other regulated work may need an authorised or industry-specific assessor. See Safe Work Australia's drugs and alcohol guidance (safeworkaustralia.gov.au).

Fees, reports and how to send information

How much will it cost? Are pathology and reports included?

Driving, occupational and other formal assessments and all medicolegal work are strictly by quote, because fees depend on complexity. The quote reflects the accepted scope, the volume of records, report requirements, testing and any further appointments, so it is confirmed after your information has been reviewed. Do not assume that pathology, other providers' charges, report preparation or follow-up are included in a consultation fee.

All practice services are privately billed. Not every appointment, assessment, report or other service attracts a Medicare rebate. For an outpatient consultation related to a WorkCover or TAC claim, you pay the full fee and arrange any eligible reimbursement yourself; reimbursement is not guaranteed. The fees page (dreric.net/fees) has the full payment terms.

Will the report be ready after one appointment? What if I have a deadline?

One appointment may not be enough: further records, tests, treatment, monitoring or review may be needed before a reliable conclusion is possible. Give your deadline with the initial documents. A report cannot be promised by a date before the necessary information is available, and only the requesting authority can grant an extension, so contact it early if you may need one.

Who receives the report?

That depends on the referral, your consent, the accepted instructions and any reporting obligations. Provide the correct form, destination, reference number and deadline, and confirm who will submit the report. The report must accurately reflect the assessment, including any limitations or unfavourable findings. Confidentiality and any required safety reporting are addressed when the assessment is arranged.

Which pathway do I use, and how do I send the information?

Clinical assessment or treatment. A request from a GP or another treating doctor uses the clinical referral pathway (dreric.net/clinical-referrals): the doctor sends a referral with the relevant records through the secure referral upload (dreric.net/referral), or by the email or fax listed on that page. The referral should include current contact details for you and your doctor.

Independent expert assessment. A law firm, insurer or other instructing organisation seeking an independent medical expert opinion uses the separate medicolegal pathway (dreric.net/medicolegal). Bookings, instructions and confidential documents all go through MEDirect, and no email is needed first.

For booking and administrative questions, call reception on (03) 9526 0244. Staff can explain the process but cannot pre-approve fitness, choose tests or promise a particular outcome.

Official guidance

Your own authority's or employer's written requirements come first. This is a preparation guide, not a complete account of every standard. Reviewed 30/09/2026.

- Austroads: alcohol and other substance use disorders (austroads.gov.au)
- CASA: aviation medicals (casa.gov.au)
- Safe Work Australia: drugs and alcohol at work (safeworkaustralia.gov.au)

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PLEASE COMPLETE AND RETURN BEFORE BOOKING

Patient acknowledgment

Fitness for driving, aviation and work. Information version 30/09/2026.

I acknowledge that I have read this FAQ, or had it explained to me, and I understand that:

- I need to provide the complete assessment request, relevant history, treatment records and available objective evidence. Missing information may delay or prevent the assessment or report.
- The fee is for an assessment and an independent clinical opinion. It does not make me fit or competent, buy a favourable report or guarantee a licence, aviation certification or return to work.
- Further treatment, testing, monitoring, restrictions or assessment may be required. The opinion may be that I am not fit for the activity, and a return to it may not be supported at all. Completing further steps does not guarantee a favourable later opinion.
- An assessment does not remove existing requirements, such as an interlock condition, prescribed treatment or monitoring, unless the responsible authority or clinician formally changes them within their role.
- The report is an expert medical opinion. The licensing authority, CASA or relevant workplace decision-maker makes the final decision, even where the opinion supports my application.
- Face-to-face assessment is required in almost all cases, and telephone assessments are not offered. Interstate video assessment requires exceptional circumstances and express acceptance.

I have had the opportunity to ask questions and have sought clarification of anything I did not understand.

Full name _____

Date of birth (DD/MM/YYYY) _____

Signature _____

Date (DD/MM/YYYY) _____

This acknowledgment confirms that you have received and understood the information. It does not certify fitness, waive your rights or replace consent to the assessment, treatment or release of information.

Return the signed page with your documents: with your doctor's referral through the secure clinical referral pathway at dreric.net/referral, or through MEDirect for an accepted independent assessment. Do not enter patient information on the public website. Keep a copy for your records.