



## OCCUPATIONAL THERAPY REFERRAL FORM

Please email referral to [admin@holisticoccupationaltherapy.com.au](mailto:admin@holisticoccupationaltherapy.com.au)

| Client Details                     |                        |
|------------------------------------|------------------------|
| Given name/s:                      | DOB: ___ / ___ / _____ |
| Surname:                           | Gender: F / M          |
| Address:                           | Email:                 |
| Contact No:                        |                        |
| Services involved in clients care: | GP:                    |

|  |  |
|--|--|
| Family/carer contact details:<br>Name: | Contact number:  |
| Relationship to client:                | Has client consented to family/carer contact being involved in their care? Y / N |

| Referral Information  |   |
|---|---|
| Client's relevant medical history:  |   |
| Current medication:   |   |
| Recent inpatient stay/operations:   |   |
| Reason for referral to Occupational Therapy:  |   |
| Functional issues/concerns (please tick if relevant):   |   |
| <ul style="list-style-type: none"> <li><input type="radio"/> Home Safety (e.g. concerns regarding clients capacity to live alone, home access issues)</li> <li><input type="radio"/> Falls risk</li> <li><input type="radio"/> Cognition/memory</li> <li><input type="radio"/> Social isolation</li> <li><input type="radio"/> Transfers</li> </ul> | <ul style="list-style-type: none"> <li><input type="radio"/> Has difficulty performing ADLS/IADLS (e.g. showering, toileting, eating, cooking, medication mgmt, housework, paying bills, shopping)<br/>SPECIFY: _____</li> <li><input type="radio"/> Equipment review + prescription</li> <li><input type="radio"/> OTHER: _____</li> </ul> |

| Referrer's Details    |   |
|-----------------------|---|
| Referred by:          | Phone:  |
| Organisation:         | Email:  |
|                       | <input type="checkbox"/> Please tick if you <b>DO NOT</b> consent to regular email updates from Holistic OT |
| Date of referral:     | Client aware of referral (Please circle): YES / NO  |
| Referrer's signature: | Date:   |