

**REFERRAL TO OCCUPATIONAL THERAPY PRIMARY CARE**

Surname: \_\_\_\_\_ D.O.B: \_\_\_\_\_  
 Forenames: \_\_\_\_\_ Sex: Male/Female  
 Address: \_\_\_\_\_  
 Postcode: \_\_\_\_\_  
 Tel. No: \_\_\_\_\_

FOR OFFICE USE ONLY:	
Priority Rating	
Registered	
Database Entry	
G.P. Consent Letter	
Previous Papers	
Screened	
Waiting List Letter	
Discharge Date	

G.P: \_\_\_\_\_ Address & Tel. No: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ How long has client had main illness/disability? .....

Is client awaiting surgery?  Yes  No

If Yes, what & when? .....

Does client live alone?  Yes  No

Does client rely heavily on someone to help them with everyday tasks.  Yes  No

If yes, who is this person? .....

What is age/health of this person? .....

Tick if client receives help from following:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> District Nurse  | <input type="checkbox"/> Home Care Service | <input type="checkbox"/> Private Care Service |
| <input type="checkbox"/> Meals on Wheels | <input type="checkbox"/> Day Centre        | <input type="checkbox"/> Day Hospital         |
| <input type="checkbox"/> Crossroads      | Other (please state) .....                 |   |

Client's Name: .....

**Mobility**

Please describe client's current mobility

- Unaided     stick/s     zimmer frame     indoor wheelchair  
 Other, please state .....

**Functional Abilities:**

Is their toilet:     upstairs     downstairs

	Able	Unable	Potential for functional improvement
Toilet			
Bed			
Armchair			
Bath			
Dress/undress			
Feed			
Hot drink			
Meal/Snack			

**NOTE: IF REQUEST CAN BE MET BY PIECE(S) OF EQUIPMENT ONLY THEN REFER TO SOCIAL SERVICES DIRECT.**

**Reason for Referral**

Referrer's view of urgency (Please give explanation):

**PLEASE CONTACT US IF THERE IS A CHANGE IN CLIENT'S CONDITION/CIRCUMSTANCES AND/OR IF REFERRAL NO LONGER REQUIRED.**

Referred by:

Professional Title:

Address:

Tel. No:

Date:

**RETURN TO: UNIT 8, THE FORUM, COOPERS WAY, TEMPLEFARM IND. ESTATE,  
SOUTHEND-ON-SEA TELEPHONE: 01702 442128 FAX: 01702 442103**