

OCCUPATIONAL THERAPIST PARENT/CARER REFERRAL FORM

This form can be used to refer your child to the Children's Occupational Therapy Service for an assessment of home equipment or adaptations only.

A medical referral, e.g. from your GP, will be required for all other OT services

Name:		Address:	
DOB:		Gender:	
NHS No:		School / Nursery:	
Name of parents / carers:		Parental responsibility:	
Home telephone:		Mobile:	
GP Name / Address:		Interpreter required? Language:	
Other Professionals involved:			
Diagnosis / Relevant Medical History:			
Reason for Referral:			
Date Completed:		By whom:	

Property: Private - owned: Private - rented:
 Council - owned: Housing Association – owned:

Name of council or housing association: _____

Home Situation: Child living at home: Residential :
 Foster Situation: Shared Carer:

Other: _____

Mobility: Wheelchair user Yes No
 Full time Yes No
 Walks with equipment: Yes No

Equipment: *Is specialist equipment used at home?* Yes No

If YES, please list: _____

To avoid a delay in processing this referral we request that you clearly describe any difficulties or issues your child has in the home environment.

If there is insufficient information provided for us to determine that the referral is appropriate for our OT service, we will return the referral for additional information.

Stairs: PLEASE DESCRIBE DIFFICULTIES:

Access to/from property: PLEASE DESCRIBE DIFFICULTIES :

Toileting: PLEASE DESCRIBE DIFFICULTIES:

Bathing: PLEASE DESCRIBE DIFFICULTIES:

Moving and Handling: PLEASE DESCRIBE DIFFICULTIES:

Safety as a result of challenging behaviour PLEASE DESCRIBE ISSUES/DIFFICULTIES:

Please record below any additional relevant information:

Please return this referral form to:
Children's Occupational Therapy and Physiotherapy Dept
West Essex Single Point Of Contact, The Child Development Centre, Florence Nightingale House, Church Langley, Harlow, Essex, CM17 9TG

If you have not heard from us within 3 weeks, please telephone us to make sure we received the referral.