

OCCUPATIONAL THERAPY REFERRAL

<http://www.wihb.scot.nhs.uk/ot-home>

To enable your referral to the Occupational Therapy Service to be prioritised according to identified risk, it is important that as much information as possible is provided.

This referral can be emailed to: wi-hb.otwesternisles@nhs.net

Client details

Has the client consented to this referral being made? :- Yes <input type="checkbox"/> No <input type="checkbox"/>	Lives Alone:- Yes <input type="checkbox"/> No <input type="checkbox"/>
CHI:-	Date of referral:
D.O.B.:-	If Veteran, is condition as a result of active service:- Yes <input type="checkbox"/> No <input type="checkbox"/>
Full Name:-	Does client have : a power of attorney <input type="checkbox"/> Guardianship <input type="checkbox"/> Compulsory Treatment Order <input type="checkbox"/> Care Program Approach <input type="checkbox"/>
Address:-	Contact Person [if different]:-
Tel. Number:-	Relationship to Client:-
Mobile:-	Contact Details:-
Email:-	
Preferred method & time for contact:	

Date of Referral:

REFERRER (if not self referral)

Name:	Phone Number:	Relationship to client:
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Referral completed by

Name:	Phone number/ email:
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Diagnosed Medical/ Mental Health conditions; relevant investigations and medication.

What is the reason for referral to Occupational Therapy Services and in what way do you think OT can help? When did this problem start (date) and how often does it happen?

Any known risks e.g. recent falls, pain, unable to sleep due to condition, neglect, self harm, substance misuse, aggression,

Is client an HHP Tenant? Yes No

Difficulties with everyday activities describe below:

Personal Care - this includes dressing, toileting, bathing, use of cutlery):

Functional Mobility- this includes getting on/off bed/ toilet/ chair/ getting in/out of bath/ shower, difficulty with steps/ stairs:

Is the bedroom located upstairs: Yes/ No

Is there a room that can be used as a bedroom downstairs: Yes/ No - Please specify:

Is the bathroom located upstairs: Yes/ No/ Both - Please specify:

School/ Work (e.g. remaining in work/ returning to work):	
House hold management (e.g. cleaning, laundry, cooking, caring for others):	
What help is provided by carer (spouse, relative, friend, etc) or other services (Homecare, Community Nurse, Day Centre, Other) please specify frequency:	
Any other difficulties or information: - e.g. visiting, phone calls, correspondence, sports, outings, physical activity, hobbies.	
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This referral can be posted to:	
OT service Lewis & Harris Comhairle nan Eileen Siar Sandwick Road Stornoway Isle of Lewis HS1 2XF Tel. 01851 822847	OT service Uist & Barra Council Office Balivanich Benbecula HS7 5LA Tel. 01870 604984