

## OCCUPATIONAL THERAPY REFERRAL

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. <https://www.wihb.scot.nhs.uk/our-services/allied-health-professionals/occupational-therapy-andcommunity-equipment/>

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

This referral can be emailed to: [wi.otwesternisles@nhs.scot](mailto:wi.otwesternisles@nhs.scot)

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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<b>Diagnosed Medical/ Mental Health conditions; relevant investigations and medication.</b>
<b>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?</b>

<b>Any known risks</b> e.g. recent falls, pain, unable to sleep due to condition, neglect, self-harm, substance misuse, aggression,		
<b>Is client an HHP Tenant?</b>		
<b>Difficulties with everyday activities describe below:</b>		
<b>Personal Care</b> - this includes dressing, toileting, bathing, use of cutlery):		
<b>Functional Mobility-</b>		
<b>Is the bathroom located upstairs: Yes/ No/ Both - Please specify:</b>		
<b>Is the bedroom located upstairs: Yes/ No</b>		
<b>Is there a room that can be used as a bedroom downstairs: Yes/ No - Please specify:</b>		
<b>School/ Work</b> (e.g. remaining in work/ returning to work):		
<b>House hold management</b> (e.g. cleaning, laundry, cooking, caring for others):		
<b>What help is provided by carer</b> (spouse, relative, friend, etc) <b>or other services</b> (Homecare, Community Nurse, Day Centre, Other) <b>please specify frequency:</b>		
<b>Any other difficulties or information:</b> - e.g. visiting, phone calls, correspondence, sports, outings, physical activity, hobbies.		
<b>This referral can be emailed to:</b> <a href="mailto:wi.otwesternisles@nhs.scot">wi.otwesternisles@nhs.scot</a>		
<b>This referral can be posted to:</b>		
OT service Lewis & Harris Comhairle nan Eilean Siar Sandwick Road Stornoway Isle of Lewis HS1 2XF Tel. 01851 448525	OT service Uist & Barra Council Office Balivanich Benbecula HS7 5LA  Tel. 01870 514002	

