**Occupational Therapy: questions to discuss with referrers**

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| 1. Patient name: |
| Date of birth (DDMMYYYY): |
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| 1. Has the person had any occupational therapy input? YES / NO |
| If yes, what – and, preferably, can they provide a report/summary please? |
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| 1. What assistance/equipment, if any, do they require to carry out: |
| 1. Personal care/basic ADLs: |
| 1. Instrumental/domestic ADLs: |
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| 1. If cognitively impaired, what is the cognitive diagnosis? What aspects of function does it appear to affect (if known)? |
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| If they have permanent accommodation, are there any known environmental barriers: |
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| 1. Other general information it is useful to have: |
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| What is their level of spoken and written English? Do they need a translator for Ax and therapy? |
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| Any behaviour that challenges – and might impact upon their participation? |
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| **Referrer details** | |
| **Name:** |  |
| **Contact number:** |  |
| **Designation:** |  |