**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
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| 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:
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| 1. Personal care/basic ADLs:
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| 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:** |  |