



## OCCUPATIONAL THERAPY REFERRAL FORM

### Using This Referral Form

The interactive elements in this referral form will not work using your online PDF viewer or web browser. Please download the referral form to your PC or Mac and then open the form in Adobe Acrobat Reader DC.

The Interactive Elements on this Referral Form only work when using Adobe Reader. Adobe Acrobat Reader DC software is the free global standard for reliably viewing, printing, and commenting on PDF documents. Use the link below to download Adobe Acrobat Reader DC for free.

<https://get.adobe.com/reader/>

### How to Use the Form:

1. Fill in the required details below.
2. Once you have completed the form click on the submit button at the bottom of the last page.
3. Click - Send Mail, and choose the relevant option. Please save and submit the completed form to [Touraan@totostherapy.com](mailto:Touraan@totostherapy.com) manually if the button on the last page does not send the form automatically.

### What is Occupational Therapy?

Occupational Therapists help children, alongside the adults in their lives, to become successful at day-to-day activities. This can include self-care activities such as washing; dressing; feeding and organising themselves. We also help children with school-based activities such as handwriting and using tools and equipment; managing playtimes and PE; concentration; staying calm and alert in the classroom.

Please provide any relevant information that will help to outline any difficulties or areas of concern to you or your child.

Child's Name:  Date of birth:

Male:  Female:  mark with an "x"

Parent/Carer(s)name(s):  Relationship to child:

Mobile number:

School/Nursery:

Doctors name:

Doctors details:

What are you or your child's present concerns?

What are your child's special interests, abilities and strengths?

Has your child had any previous Occupational Therapy intervention or other therapies? Please list.

Do you have any particular expectations from Occupational Therapy?

**Area of Function:** Please expand below indicating the functional tasks with which your child has difficulties. *Note: any help given including physical or verbal prompts.*

**Movement and mobility:** sitting, standing, walking, riding a bike, scooter, ball games, balance and co-ordination, etc.

**Self-care skills:** dressing, bathing, toileting, feeding, using cutlery, organising self, brushing teeth/hair, independence.

**Communication:** speech sounds, understanding instructions, vocabulary, fluency, non-verbal.

**School tasks:** writing, using scissors, participation in PE, maintaining attention, academic progress.

**Play skills:** interest in toys, turn taking, playing with peers, role play and imagination.

[Redacted area]

**Behaviour:** friendships, interests, changes in routine, aggression, activity level, impulsivity, mood, focus on toys/play/school work.

[Redacted area]

**Other:**

[Redacted area]

**Consent:** Has informed consent been obtained for the child to be referred? Yes  No

Date:

Name of Referrer:

Date of referral:

Designation:

Tel no.:

Email address:

Contact address: