Outpatient Referral — Occupational Therapy

PREFERRED ZONE

◯ Eastern Urban ◯ Eastern Rural ◯ Western ◯ Central ◯ Labrador-Grenfell

WHAT SERVICE ARE YOU REFERRING TO?

◯ Driving Assessment ◯ Occupational Therapy

DRIVING ASSESSMENT (complete if 'Driving Assessment' selected above)

I confirm that the client consent for information release has been signed and will be scanned into the chart

◯ Yes ◯ _____

Driver's License Number

_____

What are the areas of concern?

_____

Has Motor Registration Division (MRD) been notified?

◯ Yes ◯ No _____

Is client driving?

◯ Yes ◯ No _____

Driver's License

◯ Valid ◯ Suspended _____

Client has been made aware of the fee?

◯ Yes ◯ No _____

OCCUPATIONAL THERAPY — REASONS FOR REFERRAL (select all that apply)

- ☐ ADL/IADL Assessment
- ☐ Cognitive assessment
- ☐ Diagnosis of chronic condition (RA/OA/CTS)
- ☐ Hand Therapy (acute/plastics service)
- ☐ Mobility concerns
- ☐ OT equipment prescription required
- ☐ Post-op/Post trauma hand splinting
- ☐ Pre-driving screen and eligible to drive within 4-6 weeks
- ☐ Rapidly progressing chronic condition
- ☐ Recent falls
- ☐ Wheelchair prescription
- ☐ Burn management
- ☐ Chronic history of pressure sores
- ☐ Equipment problem impacting/altering daily routine
- ☐ Home modifications
- ☐ Newly diagnosed condition
- ☐ Post stroke rehabilitation
- ☐ Power mobility assessment
- ☐ Pressure management/Wound care
- ☐ Recent discharge from hospital
- ☐ Safety risk: urgent equipment required
- ☐ Other

If 'Other' selected, specify: _____

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OCCUPATIONAL THERAPY — REFERRAL DETAILS (continued)

Describe in detail why you are referring this patient

Is condition impacting participation in ADLs/IADLs?

◯ Yes ◯ No ◯ Unknown

Who should be contacted to schedule appointments for this person?

Does the person have equipment funding sources? (Insurance, SAP, non-profit)

◯ Yes ◯ No ◯ Unknown

If Yes above — Funding Source (select all that apply):

- ☐ SAP
- ☐ Veterans Affairs Canada
- ☐ Non Insured Health Benefits (NIHB)
- ☐ MCP/Provincial
- ☐ Workplace Injury
- ☐ Other

Referral Type:

◯ New Referral ◯ Update to Existing Referral

Comments: