Referral Form

Both sides of the form must be signed and completed for your referral to be processed

JCUHealth
Occupational Therapy

Level 1, Clinical Practice Building
1 James Cook Drive
James Cook University QLD 4811

PO Box 217
James Cook University QLD 4811

Phone 07 4781 4495
Fax 07 4779 2739
Email otclinic@jcu.edu.au

Date of Referral: _____ / _____ / _____

SECTION A:

Name of Client: **(please circle)** **Male/Female** _____	**Contact Person:** _____ (Parent/ Guardian/ Caregiver) **Relationship to Client:** _____
DOB: _____ / _____ / _____	**Ph:** _____ **Mobile:** _____
Address:	**Email:**
	School/Day Care:
Is your child currently receiving other OT Services:- (e.g. Ed Qld, Private Practice, Helping Children with Autism Package) **If yes, please provide details:-**	**please circle** **YES / NO**

SECTION B: ***To be completed by a Health/Education Professional***

Reason for Referral/Current Concerns:	
Diagnosis/ Presenting Condition:	
Any other relevant information: (Please attach any relevant reports/ documentation)	
Referred by:	**Ph:**
Referring Agency/School:	**Email:**
Referrer's signature:	**Date:**

Parent/Guardian/Caregiver Signature:	**Date:**

SECTION C: ***To be completed by a Parent/Guardian/Caregiver***

JCUHealth Occupational Therapy

What are your child's top three strengths?
What are your current priorities/concerns including those raised by school or others (e.g. Speech Pathologist):
Please comment on your child's skills (strengths and difficulties) in the following areas: *Fine Motor Skills:* (using their hands and fingers: e.g. drawing, cutting, writing, doing up zips/buttons) *Gross Motor Skills:* (running, jumping, skipping, climbing) *Speech and Language:* (talking, understanding instructions, listening) *Play and Social skills:* (with adults and with other children; at school and/or at home) *Self Help Skills:* (dressing, toileting, brushing teeth) *Behaviour and Concentration:* (at home and in the classroom)

Parent/Guardian/Caregiver Signature:	**Date:**