



# Occupational Therapy Services Group

ABN 33 827 987 190

Address 2 Gracechurch Crescent  
Leeming, WA 6149

Phone (08) 9332 1783

Fax (08) 9332 6548

## Referral Form

Urgent Assessment

### CLIENT DETAILS:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone (H): \_\_\_\_\_ (M): \_\_\_\_\_  
 Next of kin: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Contact Number: \_\_\_\_\_

### MEDICAL HISTORY:

Diagnosis: \_\_\_\_\_ Date of Onset: \_\_\_\_\_

Service Required:  HOME  DRIVING  NEURO  CONSULTANCY

Medical History: \_\_\_\_\_

Performance (Including Motor, Sensory, Cognition & Insight): \_\_\_\_\_

Medication/s: \_\_\_\_\_

### REFERRER DETAILS:

Name: \_\_\_\_\_  
 Prov No: \_\_\_\_\_  
 Profession: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Signed: \_\_\_\_\_

### TREATING DOCTOR DETAILS: *(If different from referrer)*

Name: \_\_\_\_\_  
 Prov No: \_\_\_\_\_  
 Speciality: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Signed: \_\_\_\_\_

Please Note: When referring for an Occupational Therapy Driving Assessment we assume that medical clearance to drive is provided to undertake the assessment and also permission is given to release the referral information to the Department of Transport.

### ACCOUNT DETAILS: *(Please Tick)*

- |                                                               |                                                             |
|---------------------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> Insurance / WorkCover                | <input type="checkbox"/> Veteran Affairs (DVA) White / Gold |
| <input type="checkbox"/> Employer                             | <input type="checkbox"/> Private Health Fund                |
| <input type="checkbox"/> Medicare Enhanced Primary Care (EPC) | <input type="checkbox"/> Pensioner                          |
| <input type="checkbox"/> Disability Equipment Grant (DEG)     | <input type="checkbox"/> Insurance Commission (ICWA)        |
| <input type="checkbox"/> DVA Continuing Care                  | <input type="checkbox"/> JOBACCESS                          |

Once completed please Fax referral form to **(08) 9332 6548** OR Email referral to **info@otservicesgroup.com**  
Please then post hard copy to: **PO Box 254, Hamilton Hill WA 6963**



#### HOME

- Home Assessment
- Home Rehabilitation Program
- Falls Prevention
- Post Operative Care
- Palliative Care
- Equipment Prescription
- Home / Structural Modification
- Seating / Wheelchair Assessment
- Pressure Care
- Pain Management
- Specialised Equipment



#### DRIVING

- Fitness to Drive
- Vehicle Modifications
- Heavy Vehicle Assessment
- Driver Rehabilitation
- Return to Work/Ergonomic Assessment
- CarFIT Consultation
- Driving Cessation Counselling
- Corporate Driving Programs
- Safer Senior Driving Groups
- Scooter Assessment



#### NEURO

- Upper Limb rehabilitation
- Sensory retraining
- Cognitive Rehabilitation
- ADL Retraining
- Leisure activities
- Return to work



#### CONSULTANCY

- Medicolegal Report
- Access Environmental Consultancy
- Capacity Assessment-Work/Home