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| Community Occupational Therapy Referral |

PLEASE COMPLETE **FULLY** IN ORDER TO PROCESS YOUR REFERRAL

**Locality: Email completed forms to or see postal address at the end:**

* Downpatrick downpatrick.communityot@setrust.hscni.net
* Lisburn lisburn.communityot@setrust.hscni.net
* North Down and Ards community.ot@setrust.hscni.net

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| Surname: Forename: Mr / Mrs / Miss / Ms |
| **Address:** |
| **Post Code: Tel No: Mobile:**  |
| Previous Address**:** |
| **Date of birth:H&C No (if known):** |
| **GP Name:** |
| **Address:** |
| Are there any other Professionals involved? Yes: **** No: **** |
| Care Manager involved? Yes: **** No: **** |

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| **Primary Diagnosis:** |
| **Relevant Medical History (including psychiatric history)** |

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| Please identify the problems experienced and reason for referral: |

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| **************** | **Home situation: (Please tick)**Lives aloneLives with other elderly person(s)Lives with other disabled person(s)Lives with able-bodied family members |  |  |
| Name of Main Carer: | Tel: |
| Next of Kin: | Tel: |
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| Ownership:  |  |  |  |
| **** NIHE**House Type:****** Flat GroundFlat **** Flat 1st Floor **** Flat Other Floor | **** Housing Association **** Bungalow **** Two Storey  | **** Privately owned  | **** Privately RentedBedroom 🡻⇧Bathroom 🡻⇧Toilet 🡻⇧ |

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| Is there anything we need to know before we visit your property? Yes  specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_No ***CAN CLIENT ATTEND ASSESSMENT CLINIC?*** *Yes:*    *No:*   \**\* If no please state reason.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
|  |
| Referred by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Relationship (if appropriate): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel. No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| If you are making a referral on behalf of someone does the Client consent to referral? Yes  No  Date: \_\_\_\_\_\_\_\_\_\_\_  |

**Return completed forms to the relevant office below:**

**DOWNPATRICK:** Community Occupational Therapy Department, Disability Resource Centre, Downshire Hospital, Downpatrick, BT306RA or by email to downpatrick.communityot@setrust.hscni.net

**LISBURN**: Community Occupational Therapy Department, Lisburn Health Centre, Linenhall Street, Lisburn BT28 1LU or by email to lisburn.communityot@setrust.hscni.net

**NORTH DOWN & ARDS:** Community Occupational Therapy Department, Administrative Offices, Newtownards Road, Bangor, BT20 4LB or by email to community.ot@setrust.hscni.net