|  |
| --- |
| Occupational Therapy Referral Form |

## PERSONAL INFORMATION Date: Click or tap to enter a date.

**Name of child:** *Click or tap here to enter text.*

**Date of birth**:*Click or tap to enter a date.* **Age**: *Click or tap here to enter text.* **Grade:** *Click or tap here to enter text.*

**Parents/Guardian**: *Click or tap here to enter text.*

**Address**: *Click or tap here to enter text.*

**Telephone Numbers:** Name: *Click or tap here to enter text.* Number: *Click or tap here to enter text.*

Name: *Click or tap here to enter text.* Number: *Click or tap here to enter text.*

**Email addresses**: *Click or tap here to enter text.*

**School/Day Care**: *Click or tap here to enter text.*

**Physician** (name, address, & telephone #): *Click or tap here to enter text.*

## REFERRAL INFORMATION

**Primary reason for referral** (please be specific): *Click or tap here to enter text.*

**Other Services your child is receiving or has received in the past:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Service:** | **Contact Person** | **Phone Number** | **Is child currently receiving service?** |
| Special Education | *Click or tap here to enter text.* | *Click or tap here to enter text.* | *Choose an item.* |
| Individual Education Assistant | *Click or tap here to enter text.* | *Click or tap here to enter text.* | *Choose an item.* |
| Speech Language Pathologist | *Click or tap here to enter text.* | *Click or tap here to enter text.* | *Choose an item.* |
| Psychology | *Click or tap here to enter text.* | *Click or tap here to enter text.* | *Choose an item.* |
| Occupational Therapy | *Click or tap here to enter text.* | *Click or tap here to enter text.* | *Choose an item.* |
| Physiotherapy | *Click or tap here to enter text.* | *Click or tap here to enter text.* | *Choose an item.* |
| Other | *Click or tap here to enter text.* | *Click or tap here to enter text.* | *Choose an item.* |

Please attach any pertinent clinical reports and/or samples of child’s work.