Referral Form

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

Date of Referral: _____ / _____ / ______

SECTION A:

<table>
<thead>
<tr>
<th>Name of Client:</th>
<th>(please circle) Male/Female</th>
<th>Contact Person:</th>
<th>Relationship to Client:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

DOB: _____ / _____ / ______

Ph: __________________________
Mobile: ______________________

Address:

Email:

School/Day Care:

Is your child currently receiving other OT Services: please circle
YES / NO

If yes, please provide details:

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:

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

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: |