AĠENZIJA SAPPORT

OCCUPATIONAL THERAPY REFERRAL FORM

This referral form is to be filled in by the individual themselves, caregivers, and any professionals, as applicable.

Referrals compiled by professionals should be carried out prior to discharge from the existing service to ensure continuation and liaison. Communication needs to be carried out in a timely fashion to ensure a transition period.

Please read the acceptance criteria carefully below prior to making a referral. In order to assist with processing of this referral, please tick all criteria which apply to the individual. The individual must meet all acceptance criteria to qualify for this service.

To avoid delay in processing of this referral, please complete all sections of the form and send it by:

E-mail: alliedhealth.sapport@gov.mt

OR

Post: Occupational Therapy
Aġenzija Sapport
Triq Patri Ġwann Azzopardi
Santa Venera, SVR 1614

Acceptance Criteria

- Individuals with a disability
- Individuals between the age of 16 and 60
- Individuals and/or main caregivers need to be knowledgeable of the referral, motivated and be able to identify functional goals within community settings.
- Individuals receiving specialised occupational therapy services, **MAY** benefit from occupational therapy at Aġenzija Sapport. In such situations, liaison with the active Occupational Therapist will occur to ensure continuation.
- Individuals with a predominant condition requiring rehabilitative, acute or mental health intervention will **NOT** be eligible for occupational therapy from Aġenzija Sapport to prevent duplication of services.

Details of individual being referred

Name & surname: ____________________ ID no.: ____________________

Date of birth: ____________________ Age: ____________________

Contact number: ____________________ Gender: ____________________

Email: ____________________

European disability card number: ____________________

Home address: ____________________

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Disability/ Diagnosis:

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Details of next of kin

Name & surname: ____________________ Name & surname: ____________________

Relationship: ____________________ Relationship: ____________________

Contact number: ____________________ Contact number: ____________________

Email: ____________________ Email: ____________________

Details of individual filling in referral

Name & surname: ____________________

Relation to the referred: ____________________

Signature: ____________________ Date of referral: ____________________

Consent

The individual being referred has given consent to the referral Yes ☐ No ☐

If not possible, the main caregiver has given consent to the referral Yes ☐ No ☐

Signature of individual being referred (if possible): ____________________

Does the person being referred make use of other occupational therapy services: Yes ☐ No ☐

If yes, specify

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Does the person exhibit behaviour of concern: Yes ☐ No ☐

If yes, specify

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Does the person being referred make use of Aġenzija Sapport services: Yes ☐ No ☐

If yes, specify

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Other professionals' involvement: Yes ☐ No ☐ Current ☐ Previous ☐

If yes, specify

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Reason for referral: Please mark appropriately with an X and underline the areas that require intervention

<table>
<tr><td rowspan="4">Areas of occupations</td><td>Personal activities of daily living
(i.e. dressing, bathing, feeding, toileting, grooming, sleeping, sexuality, transferring)</td><td></td></tr>
<tr><td>Instrumental activities of daily living
(i.e. cooking, laundry, housework, medication management, organisation and planning, money management, shopping, transportation)</td><td></td></tr>
<tr><td>Productivity
(i.e. education, school, work)</td><td></td></tr>
<tr><td>Leisure
(i.e. play, hobbies, social participation)</td><td></td></tr>
<tr><td>Environment</td><td>Environmental assessment
(i.e. physical barriers that limit access to home / work)</td><td></td></tr>
<tr><td>Consultation</td><td>Wheelchair / Seating consultation
(For specialised seating and wheelchair assessments, kindly refer to STILC)</td><td></td></tr>
</table>

Describe the individual's daily routine:

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Main concerns:

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