

Skilled Kids Occupational Therapy
Occupational Therapy and Consulting for Children

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REQUEST FOR OT CONSULTATION

Date:

Please complete the following referral from.

Referred By (please provide name and phone number):

Name:

Agency:

Phone #:

Child's Name	School
Birthdate	School Phone
Gender	
Address	Grade
e-mail address (optional)	Teacher
	Primary Contact at School

NAME OF PARENT(S) OR GURARDIAN:

Mother

Address:

Phone: (H)
(W)

Father

Address:

Phone: (H)
(W)

Guardian

Address:

Phone: (H)
(W)

Home e-mail contact:

Language spoken at child's home:

Is English understood by parent/guardian?

Family Physician:

Phone:

SCHOOL SUPPORT PERSONNEL INVOLVED:

Resource Team Contact;

Speech Language pathologist:

Psychologist:

Psychology/Psycho-educational Assessment: Dated and findings (please attach copy of psych report)

SPECIALISTS OR AGENCIES INVOLVED:

(e.g. Specialists, Social Worker, Occupational Therapy, Sunny Hill, BC Children's Hospital, Centre for Ability, Orthosis, etc.)

Previously:

Current:

Is there a private OT currently working with the child? If Yes, Name:

Please attach copies of reports from other agencies if available.

DIAGNOSIS: (Medical and/or Educational)

MEDICAL HISTORY: Prematurity, Hospitalization, Major delays in development

EARLY CHILDHOOD EXPERIENCES: Preschool, day care and other community activities

REASONS FOR REFERRAL: (be specific)

What are the primary concerns and how do they interfere with every day and classroom activities?

What are the primary concerns of the family and how does it impact the child or family's life?

Is the child performing at grade level in all curriculum areas? If not, what areas are being modified?
Give details/examples:

Is oral language/reading skill at a much higher level than writing skill?

Child's strengths:

Note: If this referral is for written output difficulties, a sample of the child's printing/writing must be attached. You may photocopy pages from their journal (i.e.: best and worst)