



OCCUPATIONAL THERAPY REFERRAL
(Fax to: (902) 201-8327)

Full Name:	Health #:	Age: _____ DOB: ____/____/____ Year Month Day	Category: __ Adult __ Adolescent __ Child
Mailing Address:			
Preferred Phone #: __ Home _____ __ Cell _____ __ Work _____		Email address:	
Permission to leave message: __ Yes __ No			

Type of Occupational Therapy Service Requested:	
<input type="checkbox"/> General OT Assessment <input type="checkbox"/> Mental Health Assessment & Intervention <input type="checkbox"/> ADHD Coaching <input type="checkbox"/> In-Home Assessment <input type="checkbox"/> Chronic Pain Management <input type="checkbox"/> OT for Kids <input type="checkbox"/> Cognitive Assessment <input type="checkbox"/> Return to Work Consultation <input type="checkbox"/> Teen Wellness/Life Skills Group <input type="checkbox"/> Fall Prevention <input type="checkbox"/> Ergonomic Consultation. Other: _____	
Reason for Referral:	
Name & Contact Information of Referral Source:	
Do you have a supplemental health plan and/or insurance coverage <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name & contact information of Insurance Provider:	
Date:	Signature:
Assigned To:	

HUMMINGBIRDS ARE ABOUT ENJOYMENT OF LIFE AND LIGHTNESS OF BEING.
THEY SYMBOLIZE ADAPTABILITY AND RESILIENCE. THE QUALITY OF BEING
PRESENT, INDEPENDENCE, PLAYFULNESS AND JOY IN OUR DAILY LIVES.