

OCCUPATIONAL THERAPY SELF-REFERRAL

<http://www.wihb.scot.nhs.uk/ot-home>

Please provide as much information as possible, so that we can prioritise your referral properly. This referral can be emailed to: wi-hb.otwesternisles@nhs.net

YOUR DETAILS

If you are filling in the form for someone else, do they agree to the referral? Yes <input type="checkbox"/> No <input type="checkbox"/>	If Veteran, is condition as a result of active service:- Yes <input type="checkbox"/> No <input type="checkbox"/>
Full Name:	Do you live alone? Yes <input type="checkbox"/> No <input type="checkbox"/>
Address:	Do you have:
Date of Birth	<input type="checkbox"/> Power of attorney
Tel. Number:	<input type="checkbox"/> Guardianship
Mobile:	<input type="checkbox"/> Compulsory treatment order
Email:	<input type="checkbox"/> Care program approach
Preferred method & time for contact:	Contact Person [if different]:-
	Relationship to Client:-
	Contact Details:-

Referral completed by

Name:	Phone number/ email:
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Date of Referral:

Health problems, including important tests and treatments:
What is the problem you want help with? When did it start?
What help are you looking for?
What risks are you faced with? (falls, pain, insomnia, neglect, self-harm, substance misuse etc.)
Are you an HHP tenant? Yes <input type="checkbox"/> No <input type="checkbox"/>

Difficulties with everyday activities describe below:

Personal Care - this includes dressing, toileting, bathing, use of cutlery):

Functional Mobility- this includes getting on/off bed/ toilet/ chair/ getting in/out of bath/ shower, difficulty with steps/ stairs:

Is the bedroom located upstairs: Yes/ No

Is there a room that can be used as a bedroom downstairs: Yes/ No - Please specify:

Is the bathroom located upstairs: Yes/ No/ Both - Please specify:

School/ Work (e.g. remaining in work/ returning to work):

House hold management (e.g. cleaning, laundry, cooking, caring for others):

What help is provided by carer (spouse, relative, friend, etc) **or other services** (Homecare, Community Nurse, Day Centre, Other) **please specify frequency:**

Any other difficulties or information: - e.g. visiting, phone calls, correspondence, sports, outings, physical activity, hobbies.

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This referral can be posted to:

OT service Lewis & Harris
Comhairle nan Eileen Siar
Sandwick Road
Stornoway
Isle of Lewis
HS1 2XF
Tel. 01851 822847

OT service Uist & Barra
Council Office
Balivanich
Benbecula
HS7 5LA

Tel. 01870 604984