

Children and young people can be seen at any age from birth up until they leave school. A GP or Health Visitor referral is no longer needed to access Children's (Paediatric) Occupational Therapy, instead, a parent or legal guardian with parental responsibilities can fill in this Self Referral Form. If the young person is 16 years or over they can refer themselves.

Why refer to Occupational Therapy?

Occupational Therapy aims to enable the child or young person to be as independent as possible. A referral to OT would be appropriate if there is a specific difficulty which is stopping the child/young person from taking part in activities of everyday life. This may involve playing; self care and participating in activities at school, home and in the wider community.

The OT will help identify and problem solve practical difficulties providing advice and strategies for those supporting the child/young person. Areas in which we can help are coordination difficulties with everyday tasks, independence skills (dressing, toileting, meal times, personal care, getting about), play skills and adapting the environment (specialist equipment and adaptations).

Made a referral, what next?

On receipt of the referral you will be sent a letter of acknowledgement. The OT team will look at your form and decide if the referral is appropriate for our service; a member of the team will contact you.

Please return the completed form to:

Paediatric Occupational Therapy,
Peedie Sea Children's Centre,
Pickaquoy Loan,
Kirkwall,
Orkney,
KW15 1BZ.

**Please call us if you have any questions
(01856) 885593**

Children's Occupational Therapy

SELF REFERRAL FORM



Child's Name		Today's Date	
Date of Birth		School and Class	
Address		GP Name/Surgery	
Parent/Guardian			
Home Telephone		Mobile Telephone	
Can a message be left at these numbers	Yes	No	

If you require an interpreter – which language?

PAST MEDICAL HISTORY

Birth History

Relevant Family Medical History

Medication/Allergies

Investigation – Previous/Pending

Please give information of why you would like a Paediatric Occupational Therapy assessment and how the problem is affecting your child in their daily life.

Please circle your answers below:

Have you consulted your GP about the problem?	Yes	No		
Do you think your child has delay in their movement development?	Yes	No		
Is this difficulty affecting their school performance?	Yes	No		
Are they able to participate in all relevant activities?	Yes	No		
Is this a new problem?	Yes	No		
Have they had any OT input in the past?	Yes	No		
How long have they had this problem?	Days	Weeks	Months	Years

Referrers Name (Print):

Signature: