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**Mental Health Occupational Therapy (OT)**

**Service Request**

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| **REFERRER INFORMATION** | | | |
| **Referrer Name** |  | **Phone** |  |
| **Organization and Role** |  | **Email** |  |

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| **PARTICIPANT INFORMATION** | | | |
| **First Name** |  | **Last Name** |  |
| **Date of Birth** |  | **NDIS Number** |  |
| **Plan Start Date** |  | **Plan End Date** |  |
| **Address** |  | **Mobile** |  |
|  | **Home Phone** |  |
|  | **Email** |  |
| **Interpreter Required** | YES / NO | **Language Required (other than English)** |  |
| **Mental Health Concerns** |  | | |
| **Medical Issues** |  | | |

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| **PLAN MANAGEMENT INFORMATION** | | | |
| **Plan Manager** |  | **Phone** |  |
| **Organization** |  | **Email** |  |

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| **REQUESTED SERVICES** | | | |
| **Type:** | **Yes/No** | **Description**  The OT will come to your home or location of choice to: | **Estimated time** (including travel time and report writing) |
| Initial / Functional Assessment |  | Meet with you to set goals together.  Discuss your strengths and the barriers to achieving goals.  Observe you and your independence with day-to-day activities. This can include personal care, household activities, accessing the community, and participating in volunteering/employment.  Discuss strategies and supports to help you achieve your goals. | 7-10 hours |
| Sensory Assessment |  | \*Should only be completed after initial assessment\*  Meet with you to discuss and observe the way your body processes senses and how this influences everyday life. This can include hearing voices, unusual experiences, and sensitivity to sensory input. This includes a standardized sensory assessment (Sensory Profile?).  Recommend sensory strategies. | 2-4 hours |
| NDIS Plan Report |  | Meet with you to discuss your needs and NDIS plan.  This can include applying for your first NDIS plan, asking for an unscheduled review of a current NDIS plan that does not meet your needs, or a progress report for a scheduled review if your NDIS plan is approaching the end date. | 5-6 hours |
| Occupational therapy services |  | Explain and practice strategies together to increase your independence and work towards your goals. This can include breaking down activities into small achievable steps or making changes to your environment to support you. | On request |

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| **ADDITIONAL INFORMATION** |
| What would you like to achieve with OT?  What type of report is required?   * Short * Detailed * None |