



Appointment Request Form:

Child Details:

Child Name:				
Date of Birth:				
Gender Identity:	Male	Female	Non-Binary	Prefer not to respond
Diagnosis (if applicable):				

Parent/Caregiver Details:

Parent/Caregiver/s:	
Phone Contact Details:	
Email Address:	

Funding Source:

(please circle)

NDIS Self-Managed	NDIS Plan-Managed	Private Paying / Medicare
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Referral Information:

Reason you are seeking Occupational Therapy input (list any concerns you may have): <i>E.g., fine motor skills, gross motor skills, self-care, social skills, emotional regulation, sensory processing, behaviour)</i>	
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Appointment Times Request:

(Please mark the appointment times that you are interested in hearing about – when availability arises).

- Weekly Appointments
- Fortnightly Appointments

Monday	Tuesday	Wednesday	Thursday	Friday
8am	8am	8am	8am	8am
9am	9am	9am	9am	9am
10am	10am	10am	10am	10am
1.30pm	1.30pm	1.30pm	1.30pm	1.30pm
2.30pm	2.30pm	2.30pm	2.30pm	2.30pm
3.30pm	3.30pm	3.30pm	3.30pm	3.30pm

PLEASE NOTE: both 8am and 3.30pm appointment times are already heavily waitlisted. While you are still able to nominate this as an appointment option above, it continues to be waitlist only, so we suggest highlighting alternative options too.

I am interested in hearing about appointments with:

- Any therapist
- Amy (only): Monday (currently on maternity leave, waitlist only)
- Rachelle (only): Monday – Friday
- Mia (only): Monday – Friday
- Lou (only): Tuesday, Wednesday
- Conor (only): Monday, Thursday – Friday

Please contact us at admin@otkidz.com with any questions.

We look forward to chatting soon!

Amy Slade

Director / Occupational Therapist

B.HlthSc.MOT