



Health care delivered where you are

## MOSH Occupational Therapy (OT) Services – At a Glance

**Who is the MOSH Occupational Therapist?** Becky Marval, OT Reg(NS). A registered health professional and problem-solver who considers three broad areas in addressing issues: *Person* (physical, cognitive, spiritual, and emotional), *Environment* (physical, institutional, cultural, and social) and *Occupation* (experiences or activities completed by choice or necessity). Occupational therapists analyze the interaction between these factors, utilizing strengths and available resources to address issues related to function such as: ability, safety, meaning, purpose, health, quality of life, and participation.

**Where does the MOSH Occupational Therapist work with clients?** In environments where clients do occupations (where they live or spend their time) including: homes, shelters, public spaces, businesses, agencies...

### Why would I refer to the MOSH Occupational Therapist?

- To address an issue related to daily functioning, such as personal care, mobility, community living, community participation, or health-management
- To assist with recommendations for a client's community living needs (including transition and discharge planning and eviction prevention) based on assessment of skills, abilities, resources and housing environments.
- To assist in establishing routines to support goal achievement related to substance use, wellness, productivity, or caregiving.
- To engage clients in meaningful occupations to empower and build skill, confidence, purpose and direction.
- To assist in developing strategies to address barrier's to serving clients (e.g. physical accessibility, behaviours not permitted in space, etc).
- To offer education to clients or agencies on health-related conditions, their impact on function, and practical prevention, treatment, or compensation strategies to address them.
- To liaise with to develop groups, events, initiatives, or policy changes that would foster conditions for independence, desired routines and roles, health and well-being, and participation.
- See *Referral Form* for further examples

*In order to refer: clients must have an above issue, housing vulnerability, and consent to OT involvement. All referrals are deemed important and are screened then prioritized accordingly.*

### How can I learn more or access the MOSH Occupational Therapist?

- To refer a client for individual or group involvement OR to request consultation regarding a particular client, complete the *MOSH Occupational Therapist Referral Form* and return via *email*, *fax* or in person to *MOSH staff*. Self-referrals available by contacting the MOSH Occupational Therapist:

**Becky Marval OT Reg(NS) Phone: 802-7785 Email: [rmarval@nehc.com](mailto:rmarval@nehc.com)**





## Mobile Outreach Street Health Occupational Therapy Referral

Tel: 902-802-7785 Fax: 902-429-8319 Email: rmarval@nehc.com

*Prerequisites – Consent for referral: Y/N Housing Vulnerability: Y/N*

**Name:** \_\_\_\_\_ **Age/DOB:** \_\_\_\_\_ **Sex:** \_\_\_\_\_  
**Known to North End Clinic: Y/N** **If No – HCN:** \_\_\_\_\_ **– Family Physician:** \_\_\_\_\_

**Health Status/History:**

**Housing Status/History:**

**Requesting:**  *Individual*  *Group*  *Consultation (to staff)*  *Health Promotion (event/program)*

**Reason for Referral:** (Check all that apply)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Personal Care           | <input type="checkbox"/> Leisure/Play                      | <input type="checkbox"/> Skills/Deficit Evaluation      |
| <input type="checkbox"/> Meal Prep/Food Security | <input type="checkbox"/> Volunteer/Community Participation | <input type="checkbox"/> Developmental Milestones       |
| <input type="checkbox"/> Mobility/Falls          | <input type="checkbox"/> School/Work                       | <input type="checkbox"/> Behavioural/Mental Health      |
| <input type="checkbox"/> Shelter/Tenancy Demands | <input type="checkbox"/> Parenting/ Caregiving             | <input type="checkbox"/> Cognitive/Perceptual Function  |
| <input type="checkbox"/> Property/Home Mgt       | <input type="checkbox"/> Relaxation/Spirituality           | <input type="checkbox"/> Social/ Interpersonal Function |
| <input type="checkbox"/> Budget/Financial Mgt    | <input type="checkbox"/> Environmental Assessment          | <input type="checkbox"/> Physical Function              |
| <input type="checkbox"/> Shop/Errands/Transport  | <input type="checkbox"/> Discharge/Transition Planning     | <input type="checkbox"/> Other:                         |
| <input type="checkbox"/> Health/ Medication Mgt  | <input type="checkbox"/> Education/Information/ Strategies |   |

**What do you Hope to Achieve with OT Involvement?**

**List Other Supports & Contact Info:** (housing, health/social workers, guardian, trustee, food, etc.)

**Other Considerations:** (literacy, precautions, etc.)

**Method to Initiate OT Involvement:**

- Contact client directly (Info/Method):  
 Contact referral source/other (Info/Method):

**Referral Source:** \_\_\_\_\_ **Tel:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Involvement with client:

**Suggested Triage:** *Immediate* *Priority* *General* **Rational /Relevant Deadlines** (d/c, eviction):

### MOSH USE ONLY

Date referral received:  
Reason for discharge (see codes):

Wait time (days) to first attempted contact:  
Date discharged *Rev. 04/11/2013*