

Mobile Outreach Street Health Occupational Therapy Referral



Referral Pre-requisites: Consent for referral: Y/N Housing Vulnerability: Y/N

Name: **DOB:** **Gender pronouns:**

If known, 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, if can be expected modifiable by OT involvement)

- | | | |
|---|---|--|
| <input type="checkbox"/> Personal Care | <input type="checkbox"/> Health/ Meds/ Symptom Mgt | <input type="checkbox"/> Leisure/Play/Volunteer |
| <input type="checkbox"/> Property/ Home Mgt | <input type="checkbox"/> School/Learning/Work | <input type="checkbox"/> Developmental Milestones |
| <input type="checkbox"/> Shelter/ Tenancy Demands | <input type="checkbox"/> Meal Prep/Food Security | <input type="checkbox"/> Behavioural/Mental Health |
| <input type="checkbox"/> Mobility Falls | <input type="checkbox"/> Writing/ Communication | <input type="checkbox"/> Cognitive/Perceptual |
| <input type="checkbox"/> Community Engagement | <input type="checkbox"/> Parenting/ Caregiving | <input type="checkbox"/> Social/ Interpersonal |
| <input type="checkbox"/> Budget/ Financial Mgt | <input type="checkbox"/> Environmental Assessment | <input type="checkbox"/> Physical |
| <input type="checkbox"/> Shop/ Errands/ Transport | <input type="checkbox"/> Discharge/Transition Planning | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Skills/ Deficit Evaluation | <input type="checkbox"/> Client/Staff Education:
(Health info, Strategies, Prevention, etc.) | |

What do you hope to achieve with OT involvement?

List Other Supports in Place & Contact Info: (housing, health/social workers, guardian, trustee 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:** **email:** **Date:**
Involvement with client:

Triage: Priority General **Relevant Deadlines** (discharge, eviction):

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Date referral received: Wait time (days) to first attempted contact:
Time between initial contact and discharge (days): Date discharged:
Reason for discharge (see codes):