Community Occupational Therapy Requests for Intervention

Requests are not accepted until conversations are held with the requester and/or client.
Requesters will be contacted and advised of the agreed outcome.

Requesters Details:	
Name:	Profession:
Telephone: Email Address:	
Client Details:	
Client Name:	CHI/MOSAIC: Date of Birth:
Client Address:	Client Telephone: GP Practice:
Reason for Request for Community Occupational Therapy Intervention:	
What have you already tried to resolve the situation?	
Where possible, please complete the sections below if this is appropriate/relevant – these details will support in making informed decisions which will speed up the process.	
Presenting Medical Condition:	
Relevant Past Medical History:	
Medication:	
Social Situation/Living Arrangements:	
Mobility/Stairs/Transfers:	
POC/ Social support:	
Cognition/Mood:	
Continence:	
For office use only:	
Date / Time Received:	*Received By:*
Action Taken:	

Please send the completed form to: requestforassistance@eastlothian.gov.uk