

**Contact Details** 

Name:



Date of Birth:

## Occupational Therapy Self-Referral Form

Please note this service is for East Lothian Council Tax paying residents only

If your enquiry needs immediate attention, please telephone our self-referral telephone line on 0300 3690 680 and select option 2.

Address:	Telephone:			
Email address:	GP Practice:			
An experienced Occupational Therapy practitioner will triage this online referral form and may contact you to discuss your request in further detail. Please ensure your contact details are correct to avoid unnecessary delays in contacting you.  We may be able to give you advice over the telephone, or signpost you to more				
appropriate services before we look at longer term adaptations.				
Enquiry Form  1. What is your reason for contacting the Community Occupational Therapy team?				
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2. Can you tell us a little about your medical history and how this is impacting your ability to carry out everyday activities?				
3. What have you tried to resolve this difficulty?				

4.	How are you managing now?			
5.	Are there any other health or s moment? (e.g. social workers	-	•	
6.	Reason for Contacting Occupational Therapy (Tick box – mandatory at least one)			
	Access to property	Showering	Seating	
	Stairs	Bathing	Postural management	
7.	Is there anything else you wou occupational therapy interver		e request for	

Please save this form, and send to:  $\underline{ request for assistance@east lothian.gov.uk}$ 

Alternatively, you can post this referral form to:

Occupational Therapy South Offices East Lothian Community Hospital Alderston Road EH41 3PF

## Contact us

If you have any questions completing this form, please contact the Community Occupational Therapy Team on **0300 3690 680** and select option 2.