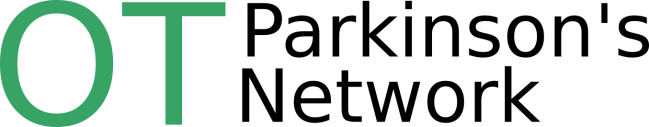
****

Insert addressograph or patient details above.  *Add this page via usual referral pathway - as relevant.*

|  |  |  |
| --- | --- | --- |
| **Psycho-Social Issues** | Mark box to show areas for OT attention and add any relevant details in space provided. | |
| Recently diagnosed with Parkinson’s |  |  |
| Needs Health Education about Parkinson’s |  |  |
| Work role concerns / Retirement advice |  |  |
| Concerns about responsibilities, roles & relationships |  |  |
| Concerns about social, recreational or leisure activities |  |  |
| Concerns about Sexual wellbeing |  |  |
| Family need advice and support |  |  |
| Carer strain |  |  |
| Cognitive and Mental Health Issues – |  |  |
| Concerns about Apathy |  |  |
| Concerns about Fatigue |  |  |
| Concerns about Anxiety and / or Depression |  |  |
| Concerns about Sleep and Night time problems |  |  |
| Concerns about Vision Changes |  |  |
| Concerns about Memory Problems |  |  |
| Problem changes in Behaviour |  |  |
| Concerns about Psychosis |  |  |
| Other... state issue | | |
| **Self-Care and Other Activities** | | |
| Medication management |  |  |
| Dexterity, handwriting and use of communication tech. |  |  |
| Eating and drinking |  |  |
| Washing and dressing |  |  |
| Domestic and financial management |  |  |
| Other... state issue | | |
| **Mobility** | | |
| Bed mobility |  |  |
| Transfers and use of toilet / bathroom |  |  |
| Falls and balance problems |  |  |
| Posture and seating |  |  |
| Community and outdoor mobility |  |  |
| Driving |  |  |
| Other... state issue | | |

This patient was referred by

[name and professional group]:

Date of referral: