

Occupational Therapy Referral Information

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Occupational Therapist and ALA Accredited Lymphoedema Practitioner

Function for Life Pty Ltd Provider number 4326121Y

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Person being referred for Occupational Therapy

Full name: _____

DOB: _____ Phone contact: _____

Address: _____

Email: _____

Referrer details

Name: _____

Address: _____

Phone: _____ Email: _____

Referrer's relationship to client: _____

Consent provided for referral

Diagnosis: _____

Reason for Occupational Therapy referral: _____

Occupational Therapy services offered for adults include:

- Home safety assessment / home modifications / falls prevention
- Neurological rehabilitation / Upper limb retraining / Cognitive Rehabilitation
- Assistive devices trial and prescription / bathroom equipment / wheelchair / seating adaptations
- Low vision adaptation
- Daily living task assessment and training in regaining of independence
- Lymphoedema management / oedema management

Funding source:

- DVA Private Health Insurance NDIS -Self managed / Plan managed / Agency managed
- My Aged Care Home Care Package Other _____

Are there any safety risks in seeing this client at their home address? (ie. dangerous dog)

No / Yes if so, please provide details _____

