

OCCUPATIONAL THERAPY

REFERRAL

Fleur Minott Nembhard OTR

Registered Occupational Therapist

PATIENT'S NAME:

DIAGNOSIS:

SURGICAL PROCEDURE(S):

PRECAUTIONS FOR THERAPY:

MEDICAL HISTORY/ COMMENTS:

- EVALUATION AND TREATMENT
- ERGONOMIC ASSESSMENT & TRAINING & WORK STATION ASSESSMENT
- HAND THERAPY
- FUNCTIONAL CAPACITY EVALUATION
- WORK RECONDITIONING/ HARDENING
- BACK SCHOOL
- NEURO/COGNITIVE REHAB
- HOME ASSESSMENT

- CONTACT FOR PROTOCOL*

Signature

Date:

CONTACT #

EMAIL:

PROFESSIONAL

Please Check

- PHYSICIAN
- REGISTERED PHYSICAL THERAPIST
- REGISTERED SPEECH AND LANGUAGE PATHOLOGIST
- REGISTERED CLINICAL/NEURO PSYCHOLOGIST
- REGISTERED OCCUPATIONAL THERAPIST



The OT Clinic

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