

## 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.

<b>Requesters Details:</b>	
Name:	Profession:
Telephone:	
Email Address:	
<b>Client Details:</b>	
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?	
<b><i>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.</i></b>	
Presenting Medical Condition:	
Relevant Past Medical History:	
Medication:	
Social Situation/Living Arrangements:	
Mobility/Stairs/Transfers:	
POC/ Social support:	
Cognition/Mood:	
Continence:	
<b>For office use only:</b>	
Date / Time Received:	Received By:
Action Taken:	

Please send the completed form to: [requestforassistance@eastlothian.gov.uk](mailto:requestforassistance@eastlothian.gov.uk)