

## Parkinson's Care and Support UK, Occupational Therapy Self-Referral Form



If you are a person with Parkinson's, a family member or carer finding it difficult to manage day to day activities at home due to a physical, mental or sensory impairment, you can request an occupational therapy assessment referral using this form. Our Occupational Therapists support people with Parkinson's whose condition has compromised their safety at home or has stopped them from doing the activities that matter to them. They will identify why you're having difficulties with daily tasks, such as washing and dressing, toileting, getting out of bed and preparing meals. All the things that give you independence.

### How this service works

Our free occupational therapy service is given after the assessment of your application form. Applications are scored against a range of criteria including level of need, safety and quality of life. If your application is successful, you will be notified within 14 days and referred for your home visit. Your designated OT will contact you to arrange a time and date convenient to you.

### Who is the referral for?

- Myself
- Someone else

### Title:

- Mr
- Mrs
- Miss
- Ms
- Dr
- Rev
- Prof
- Mx

Name .....

Surname .....

D.O.B .....

Occupation .....

Address 1 .....

Address 2 .....

Town/City .....

County .....

Postcode .....

Home number .....

Mobile Number .....

Email Address.....

**Next of kin or the person most important to you**

Full name .....

Address .....

Post Code .....

Telephone .....

Email .....

**Which of the following Best describes you?**

- I have Parkinson's
- I am a carer for someone with Parkinson's
- I am a friend or family member of someone with Parkinson's
- None of the above

\*If you are completing this form on behalf of someone with Parkinson's, please answer the questions as though they are directed to them

**Who owns your house?**

- Council Tenant
- Housing association tenant
- Private rented tenant
- Home Owner
- Other

**What type of property do you live in?**

- Detached house
- Semi-detached house
- Bungalow
- Mid Terrace house
- End of terrace house
- Maisonette, Apartment or Flat
- Other type

**Do you live alone?**

- Yes
- No

If yes, do you have a visiting carer? .....

**Have you ever had an Occupational Therapy assessment? Y N**

**If yes, please list all dates of previous assessments .....**

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**Who carried out your assessments? .....**

**What was the original reason for referral? .....**

**Have you had a fall at home within the past 12 months? Y N**

**If yes, please describe what happened and any injury sustained .....**

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**Do you currently need support from someone to help you to transfer from one surface to another, for example onto/ off the toilet, into/ out of bed, into/ out of a wheelchair?**

- Yes
- No

**If yes, please provide further details.....**

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**Please tell us about any health problems you have, including about your Parkinson's**

Tell us about any of the following:

- Ongoing health problems or life limiting illness you have
- Difficult doing things because of injury, pain or weakness in your arms or legs.
- Difficult doing things because of your memory

**Describe the problems or concerns you are facing at home?**

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**Do you use any of the following equipment?**

**Mobile hoist**

- Yes
- No

**Overhead hoist**

- Yes

- No

**Standing hoist**

- Yes
- No

**Profiling bed**

- Yes
- No

**Sling, slide sheets or other moving and handling aids**

- Yes
- No

**What would the assessment help you with? Tick all that apply.**

- Falls or Stumbles
- Making my home safer
- Bathing, showering, personal care
- Using the toilet
- Getting in and out of bed
- Chair or sofa - standing up or sitting down
- Walking around indoors
- Preparing meals
- Improving my independence

**If there is anything more you would like to tell us, please state below.**

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**How did you find out about this service?**

- Web search on Google
- Facebook
- Instagram or Twitter
- Parkinson's local groups
- Leaflets
- Friends and family
- Other (please specify) .....

**Do you use or have you used any of the following Parkinson's Care and Support UK services? Please tick as appropriate.**

- Exercise
- Neurological Physiotherapy

- Respite Care
- PDTogether Groups
- Micrographia
- Parkinson's CBT Helpline
- Parkinson's ACT (Acceptance and Commitment Therapy)
- Parkinson's Bereavement Support Line
- Parkinson's Befriending and Companionship Network

**What happens next?**

Once completed, please email your application form to [physio@parkinsonscare.org.uk](mailto:physio@parkinsonscare.org.uk). When we receive your referral form, we will send it to our Occupational Therapist to do a further assessment over the phone and arrange a home assessment for you.

**Data Protection and Consent**

We will only use your personal data for the purposes for which we collected it, unless we reasonably consider that we need to use it for another reason and that reason is compatible with the original purpose. If you wish to get an explanation as to how the processing for the new purpose is compatible with the original purpose, please contact us.

**By applying for Parkinson's Care and Support UK Occupational Therapy Referral, you are agreeing that:**

- **Personal data to be shared between OT, Parkinson's Care and Support UK**
- **Information received from Parkinson's Care and Support UK, will be use to deliver its aims and objectives**
- **I have read, understand, and acknowledge the information provided in this form to be true and by my signature below, giving permission to share my personal data**

**Name .....** **Date .....**

**Signature .....**