

## Specialised occupational therapy in neuro-rehabilitation following stroke, ABI or diagnosis of a neurological condition

We welcome referrals from medical and allied health professionals. Thank you for attaching relevant reports (e.g. medical, cognitive, discharge summary) and **emailing** these together with this referral form to [info@neurotherapyservices.com.au](mailto:info@neurotherapyservices.com.au)

Patient / client full name

Phone and email

Partner / NOK name and contact

Presenting condition

Medical history

Current function

Goals for therapy

Relevant social and work history

Risks for home visiting (please circle): drug use / aggressive dogs / smoking / violence / none

Referrer name, role and contact details