****

 Insert addressograph or patient details above.  *Add this page via usual referral pathway - as relevant.*

|  |  |
| --- | --- |
| **Psycho-Social Issues** | Mark box to show areas for OT attention and add any relevant details in space provided. |
| Recently diagnosed with Parkinson’s |  |  |
| Needs Health Education about Parkinson’s  |  |  |
| Work role concerns / Retirement advice  |  |  |
| Concerns about responsibilities, roles & relationships |  |  |
| Concerns about social, recreational or leisure activities |  |  |
| Concerns about Sexual wellbeing |  |  |
| Family need advice and support |  |  |
| Carer strain |  |  |
| Cognitive and Mental Health Issues –  |  |  |
|  Concerns about Apathy  |  |  |
|  Concerns about Fatigue |  |  |
|  Concerns about Anxiety and / or Depression |  |  |
|  Concerns about Sleep and Night time problems |  |  |
|  Concerns about Vision Changes  |  |  |
|  Concerns about Memory Problems |  |  |
|  Problem changes in Behaviour |  |  |
|  Concerns about Psychosis |  |  |
| Other... state issue |
| **Self-Care and Other Activities** |
| Medication management |  |  |
| Dexterity, handwriting and use of communication tech. |  |  |
| Eating and drinking |  |  |
| Washing and dressing |  |  |
| Domestic and financial management  |  |  |
| Other... state issue |
| **Mobility** |
| Bed mobility  |  |  |
| Transfers and use of toilet / bathroom |  |  |
| Falls and balance problems |  |  |
| Posture and seating |  |  |
| Community and outdoor mobility  |  |  |
| Driving  |  |  |
| Other... state issue |

This patient was referred by

[name and professional group]:

 Date of referral: