

Passionate about providing occupational therapy to your children

## HOW TO USE THIS FORM

Take this form to your health care professional for completion  
and send to Blue Goose  
Email: [hello@bluegooseot.com.au](mailto:hello@bluegooseot.com.au)

Child's name:

.....

Date of birth:

.....

Parent's name:

.....

Address:

.....

Phone number:

.....

Parent's email:

.....

### CONDITION / DIAGNOSIS

- Autism Spectrum Disorder
- Sensory Processing Disorder
- ADHD/ ADD
- Intellectual Impairment
- Hearing Impairment
- Vision Impairment
- Cerebral Palsy
- Other

### PRESENTING CONCERNS

- Gross Motor Skills
- Fine Motor Skills
- Learning
- Handwriting
- Social Skills
- Behavioural
- Memory
- Attention/concentration
- Self care skills
- Other Functional Skills

Additional referral notes:

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Chronic Disease Management Plan  NDIS  Other (please state)

### REFERRER'S DETAILS:

Name:

.....

Email:

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Occupation:

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Signature:

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