



HOSPITAL SULTAN ABDUL AZIZ SHAH  
UNIVERSITI PUTRA MALAYSIA  
Kod Dokumen: HSAAS/REHAB/BR28

OCCUPATIONAL THERAPY REFERRAL FORM

Name : \_\_\_\_\_ Reg. No. : \_\_\_\_\_  
Age : \_\_\_\_\_ I/C No. : \_\_\_\_\_  
D.O.B : \_\_\_\_\_ Wad/Out Pt : \_\_\_\_\_  
Date of referral : \_\_\_\_\_ No. Phone : \_\_\_\_\_  
Time of referral : \_\_\_\_\_ Diagnosis : \_\_\_\_\_

**OCCUPATIONAL THERAPY SERVICES**

PLEASE SELECT

<input type="checkbox"/>	OCCT Stroke Rehab	<input type="checkbox"/>	OCCT Paediatric Physical
<input type="checkbox"/>	OCCT Amputee Rehab	<input type="checkbox"/>	OCCT Paediatric PSY
<input type="checkbox"/>	OCCT TBI Rehab	<input type="checkbox"/>	OCCT Pre-Driving Assessment / Training
<input type="checkbox"/>	OCCT Spinal Rehab	<input type="checkbox"/>	OCCT Splint
<input type="checkbox"/>	OCCT Hand and Upper Limb	<input type="checkbox"/>	OCCT Return to Work Assessment / Programme
<input type="checkbox"/>	OCCT General Orthopaedic	<input type="checkbox"/>	OCCT Aids and Adaptation
<input type="checkbox"/>	OCCT Geriatric	<input type="checkbox"/>	OCCT Functional Wheelchair
<input type="checkbox"/>	OCCT Work / Home / School Visit	<input type="checkbox"/>	OCCT Pain Management
<input type="checkbox"/>	OCCT Adult PSY	<input type="checkbox"/>	OCCT Sensory Motor
<input type="checkbox"/>	OCCT Burn	<input type="checkbox"/>	OCCT Play and Leisure Exploration
<input type="checkbox"/>	OCCT Psychological / Stress / Social Skill	<input type="checkbox"/>	OCCT Lymph oedema
<input type="checkbox"/>	OCCT Pre-School / School Skills	<input type="checkbox"/>	OCCT Others
<b>Precaution / Remark:</b>			

**Referred by:**

\_\_\_\_\_  
Specialist/ Medical Officer  
(Signature & Stamp)

**Office used:**

Date of Appointment : \_\_\_\_\_  
Time Given : \_\_\_\_\_  
Received by : \_\_\_\_\_  
(Signature & Stamp)