



## Adult Occupational Therapy Services

### Consent to Referral

CLIENT'S NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_  
Day/Month/Year

Occupational Therapy (OT) promotes functional independence for people who are dealing with the effects of disease, illness, injury, disability, or developmental delays. Through the use of meaningful activities, OT facilitates development of life skills and/or adaptation of the environment.

An OT evaluation can last up to 6 hours. At this point, a discussion of findings and recommendations are given for which treatment options can be discussed

Please fill out below to give consent.

I \_\_\_\_\_ hereby consent to my referral to Occupational Therapy services offered by Marcia-Lisa Dennis, OT Reg.(N.S.), and her staff when necessary. I also confirm that I have been informed and understand the nature of the referral and treatment process offered.

\_\_\_\_\_  
Client

\_\_\_\_\_  
Date