



Occupational Therapy Services

Consent to Referral, assessment and release of information

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 if necessary. I give her permission to complete an Occupational Therapy assessment on behalf of my third party payer _____ and to release her report to them. I understand that information collected will be utilized to provide them with recommendations for the planning and delivery of health services and that the confidentiality of the information will be maintained.

I am aware that my third party payer will review the assessment and determine if I am eligible for funding of any of the recommendations identified. I also understand that when equipment is being prescribed that I have agreed to accept, I give consent for pertinent information to be given to an outside party (ie. Vendor, etc) so that I may be able to receive the prescribed equipment.

I also confirm that I have been informed and understand the nature of the referral and treatment process offered.

Client

Date