



CAIRNS OCCUPATIONAL THERAPY



REFERRAL FORM

Email to referrals@cairnsot.com

Client name: (or label)	Funding source:	Claim no:
DOB:	If this is a DVA client please send D904 form / referral on your letterhead.	
Client address:	Client phone:	

Diagnosis and Background Information:

Services Requested / Instructions:

Referred by:	Date:
Email:	
Phone:	Fax:

Cairns Occupational Therapy is your centre for

- Hand, wrist and arm therapy
- Scar, swelling and lymphoedema management
- Pain management therapy
- Work rehabilitation services
- Home Modifications & Assistive Technology prescription – Registered NDIS Provider

We are on the corner of Sondrio and Torino Streets, just off Toogood Road at Woree, behind Calanna Pharmacy

