



CAIRNS OCCUPATIONAL THERAPY

REFERRAL FORM – Aged Care Funding

Email to referrals@cairnsot.com

Client name: DOB: My Aged Care No:- AC Client address:	Invoice to be paid by: Email for Invoice: Claim / Reference no: <small>If this is a DVA client please send D904 form / referral on doctor's letterhead.</small>
Client / Carer phone / mobile:	Client / Carer email:

Diagnosis / Medical History and Background Information and Services Requested:

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

