



# CAIRNS OCCUPATIONAL THERAPY

## REFERRAL FORM

E mail to [referrals@cairnsot.com](mailto:referrals@cairnsot.com)

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

**Diagnosis and Background Information:**

**Services Requested / Instructions:**

<b>Referred by:</b>	<b>Date:</b>
<b>Email:</b>	
<b>Phone:</b>	

**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

**P: 07 4042 6333**  
**F: 07 4042 6390**  
**[referrals@cairnsot.com](mailto:referrals@cairnsot.com)**

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**61 Sondrio St, Woree QLD 4868**

**[www.cairnsot.com](http://www.cairnsot.com)**

