



PASQUALE AND ALLY MOHAMED INC.

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Referral Form:

Referring Practitioner Details:

| | |
|------------------------|--|
| Name: | |
| Profession: | <input type="checkbox"/> GP <input type="checkbox"/> Specialist <input type="checkbox"/> Physiotherapist <input type="checkbox"/> Speech Therapist <input type="checkbox"/> Other: _____ |
| Contact Number: | |
| Email: | |
| Date: | |

Patient Details:

| | | | |
|-----------------------|--|------------------------|---|
| Full Name: | | Contact Number: | |
| Date of Birth: | | ICD10 code: | |
| ID Number: | | Medical Aid: | Main member: _____ MA Name: _____ Number: _____ Dependent: _____ |

Reason for Referral:

| | | |
|---|---|---|
| <p>Function & Independence:</p> <ul style="list-style-type: none"> • Difficulties with daily activities • Post-surgery rehab (Upper limb, functional recovery) • Arthritis/ chronic pain support • Stroke/ Neurological rehab • Energy conservation & Joint protection strategies | <p>Mobility & Coordination:</p> <ul style="list-style-type: none"> • Poor fine motor skills • Gross motor coordination concerns • Balance challenges • Fall prevention • Hand therapy/ recovery post-injury | <p>Cognitive and perceptual:</p> <ul style="list-style-type: none"> • Memory, concentration or planning difficulties • Cognitive rehab • Visual Perceptual Challenges |
| <p>PLEASE TURN OVER THE PAGE</p> | | |

| | | |
|--|---|--|
| Mental Health & Psychosocial: <ul style="list-style-type: none"> ● Emotional Regulation ● Adjustment Challenges ● Anxiety, coping strategies, functional impact ● Psychosocial support to improve participation | Paediatric: <ul style="list-style-type: none"> ● Developmental delays ● Sensory processing challenge ● School readiness ● Behaviour impacting daily functioning ● Learning participation poor | Assistive devices & environment support: <ul style="list-style-type: none"> ● Splints ● Adaption (home, school, work) ● Vocational Rehab ● Return to work planning ● Environmental access challenges |
|--|---|--|

Other (please specify):

Clinical Notes (Optional)

Relevant background, diagnosis, or concerns:

Urgency of Referral

- Routine (within 2 weeks)
 Priority (within 7 days)
 Urgent (impacting safety or daily function)

Referring Practitioner Signature: _____

HPCSA No: _____ Pr No: _____

Please whatsapp referrals to 072 491 5342 or email to optimalfunctioningot@gmail.com

Detailed Referral Guide for Medical & Allied Health Professionals

Clinical partnership for restoring function, independence, and participation

When to Refer to Occupational Therapy

A Practical Clinical Guide for GPs, Specialists, and Allied Health Practitioners

Purpose of This Guide

- ❖ This is your practical reference to understand when occupational therapy (OT) can complement your medical or allied treatment, even if OT is not your day-to-day referral area.
 - ❖ OT addresses the **functional impact** of your patients' medical conditions across life domains: self-care, productivity, and leisure.
 - ❖ We encourage **early referral** — even where impairments seem minor, function-focused intervention at the right time prevents deterioration and optimises recovery.
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Referral Timing Categories

| Referral Category | When to Refer | Examples |
|---------------------------|---|---|
| Early/Preventative | As soon as functional impact or risk is identified | New diagnosis with potential for functional decline (e.g., Parkinson's, early arthritis, stroke recovery, post-surgical planning) |
| Routine | Known condition with emerging functional concerns | Child struggling with handwriting, adult with mild memory issues, work performance concerns |
| Priority | Moderate functional limitation impacting daily life | Adult post-fracture, post-COVID fatigue, child with sensory processing issues |

| | | |
|---------------|---|---|
| Urgent | Safety risks, rapid decline, or risk of hospitalisation/readmission | Falls risk, severe post-stroke neglect, severe anxiety impacting daily function |
|---------------|---|---|

In-Depth Clinical Triggers for Referral

1. Neurological Conditions

(Post-stroke, TBI, MS, Parkinson's, neuropathies, spinal cord injury)

- **Motor impairment** — weakness, spasticity, ataxia impacting ADLs
- **Fine motor deficits** — difficulty handling utensils, fastening clothing
- **Postural instability** — risk of falls in ADLs or transfers
- **Cognitive challenges** — poor planning, memory deficits, safety risks
- **Visual-perceptual deficits** — hemineglect, difficulty navigating space
- **Emotional adjustment** — post-stroke depression, frustration in rehab

Refer **early post-discharge** for optimal functional recovery.

2. Musculoskeletal Conditions

(Orthopaedics, arthritis, repetitive strain injuries, hand injuries)

- **Post-operative** — hand surgery, joint replacements, tendon repairs
- **Functional pain management** — chronic joint pain limiting self-care
- **Joint protection & ergonomics** — arthritis management to sustain function
- **Hand therapy** — splinting, scar management, oedema control
- **Workplace ergonomics** — adaptations for return to work

Refer **immediately post-op**, and in chronic conditions when activities are affected.

3. Mental Health / Psychosocial Factors

(Anxiety, depression, adjustment disorders, psychosomatic conditions)

- **Emotional regulation difficulties** impacting daily participation
- **Functional anxiety** — avoidance of essential tasks
- **Cognitive fog / fatigue** impacting home or work responsibilities

- **Psychosocial rehabilitation** — re-engagement in life roles post-illness
- **Stress management** — preventing occupational burnout in chronic conditions

Refer when **functional participation is declining**, not only for severe cases.

4. Paediatrics

(Developmental delays, learning barriers, sensory processing)

- **Fine motor challenges** — pencil grip, cutting, writing fatigue
- **Sensory processing difficulties** — over- or under-responsiveness
- **School readiness concerns** — visual-motor integration, attention
- **Behavioural challenges** — frustration, meltdowns related to sensory overload
- **ADLs** — dressing, feeding, toileting delays
- **Developmental delays** — motor milestones, play skills, hand dominance

Refer **before formal school placement** or as soon as difficulties are noticed.

5. Pain Management & Chronic Illness Support

- **Functional impact of pain** — limiting mobility, self-care, or work
- **Energy conservation needs** — chronic fatigue syndrome, post-viral fatigue
- **Coping strategies** for managing daily activities around symptom flare-ups
- **Sleep hygiene and pacing** strategies
- **Psychosocial support** for chronic illness adjustment

Refer when **daily life is affected**, not just when pain is severe.

6. Functional Environment & Assistive Devices

- **Need for assistive devices** — writing aids, adapted cutlery, splints
- **Workplace or school adaptations** — layout changes, task adaptations
- **Home safety concerns** — post-surgery, aging in place
- **Driving / transport access** — post-injury or neurological conditions
- **Vocational rehabilitation** — workplace reintegration after illness or injury

Refer **proactively** for environmental assessments to promote independence.

Quick Checklist: Red Flags for Immediate OT Referral

- ❖ Falls or safety risk at home
 - ❖ Decline in basic self-care tasks
 - ❖ Caregiver burden increasing
 - ❖ Risk of secondary complications (contractures, pressure injuries)
 - ❖ Rapid decline in independence post-illness
 - ❖ Patient distress over functional losses
 - ❖ Delayed discharge due to ADL limitations
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How to Refer

1. **Complete our simple referral form** — Practice number, HPCSA number, ICD-10, and brief clinical indication.
 2. **Send via email:** optimalfunctioningot@gmail.com
 3. **We contact the patient directly** for booking and pre-authorisation.
 4. **Expect clinical feedback** — we update referrers (with patient consent) on care plans and progress.
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Optional: Pre-Referral Consultations

If unsure whether OT is appropriate, you are welcome to:

- Call for a peer consult: **072 491 5342**
- Email a quick case summary: optimalfunctioningot@gmail.com

We gladly advise whether referral is suitable, without obligation.

Summary

- **OT is function-focused care**, supporting your clinical goals.
 - We work across patient profiles: orthopaedics, neuro, paediatrics, mental health, pain, and chronic care.
 - **Early referrals improve outcomes and reduce healthcare costs.**
 - Our process is simple — and we manage all patient liaison.
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Contact Us

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