



PASQUALE AND ALLY MOHAMED INC.

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Referral Form Geriatrics:

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:

Activities of daily living: <ul style="list-style-type: none"> • Difficulty with dressing, grooming, or bathing • Assistance required with feeding or swallowing • Toileting management concerns • Difficulty managing personal hygiene routines 	Mobility & fall prevention: <ul style="list-style-type: none"> • Balance or walking instability • Recent history of falls or near-falls • Transfers requiring assistance (bed, chair, toilet) • Reduced confidence in mobility 	Cognitive and memory: <ul style="list-style-type: none"> • Short-term memory loss impacting daily function • Difficulty following routines or sequences • Early dementia signs or cognitive decline • Poor orientation to time, place, or person
<p>PLEASE TURN OVER THE PAGE</p>		

Pain & Chronic Conditions: <ul style="list-style-type: none"> ● Chronic pain affecting participation ● Joint stiffness limiting activities ● Arthritis of osteoporosis functional impact ● Fatigue and energy management concerns 	Psychosocial and emotional wellbeing: <ul style="list-style-type: none"> ● Social withdrawal or isolation ● Low mood, adjustment difficulties ● Anxiety or fear of falling impacting activity ● Caregiver strain (family or nursing staff) 	Home & Environment safety: <ul style="list-style-type: none"> ● Need for home safety assessment ● Environmental barriers at care facility ● Recommendations for assistive equipment or aids ● Transfers, bed/chair setup, or functional layout concerns
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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: _____

Facility License Number: _____

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

Helping Older Adults Live Better:

Occupational Therapy Referral Guide

For Caregivers, Nurses, Facility Managers, Community Workers, and GPs

Pasquale & Ally Mohamed Occupational Therapy Inc.

What is Occupational Therapy (OT)?

Occupational Therapy helps older adults **stay safe, independent, and active** in their everyday life.

We help when people struggle with:

- **Daily tasks** (like dressing, bathing, eating, toileting)
- **Moving safely** around the home or care facility
- **Preventing falls**
- **Coping with memory loss or confusion**
- **Feeling lonely, anxious, or withdrawn**
- **Using equipment** to make life easier (like walking frames, grab bars, splints)

Our job is to make sure they can do what they **need to do**, and what they **love to do**, safely and confidently.

Who Should Use This Guide?

- **Nurses at old-age homes**
- **Care facility managers**
- **Doctors (GPs, specialists)**
- **Physiotherapists or other therapists**
- **Family caregivers or community workers**

If you **care for older people**, this guide is for you!

Signs That an Older Person Needs OT

Watch out for these everyday signs:

<ul style="list-style-type: none"> ❖ Difficulty with Daily Tasks <ul style="list-style-type: none"> ➤ Can't dress themselves anymore ➤ Struggling to manage bathing or hygiene ➤ Spilling food or struggling with eating ➤ Trouble with using the toilet 	<ul style="list-style-type: none"> ❖ Pain or Stiffness <ul style="list-style-type: none"> ➤ Pain that makes them avoid moving ➤ Stiff joints limiting their activity ➤ Arthritis making daily tasks harder
<ul style="list-style-type: none"> ❖ Moving Around Unsafely <ul style="list-style-type: none"> ➤ Unsteady walking ➤ Fear of falling ➤ Needing lots of help to get out of bed or a chair ➤ History of recent falls 	<ul style="list-style-type: none"> ❖ Emotional and Social Changes <ul style="list-style-type: none"> ➤ Sadness or withdrawal from activities ➤ Worries about falling ➤ Loneliness or loss of motivation ➤ Caregiver feeling overwhelmed
<ul style="list-style-type: none"> ❖ Memory & Thinking Difficulties <ul style="list-style-type: none"> ➤ Forgets daily routines ➤ Gets confused about where they are ➤ Struggles to follow simple steps 	<ul style="list-style-type: none"> ❖ Home or Room Set-Up Issues <ul style="list-style-type: none"> ➤ No grab bars in bathroom ➤ Difficult to move between rooms ➤ Room layout increases fall risk ➤ Needs special equipment (but doesn't have it yet)

When to Refer

- ★ **As soon as you notice difficulties.**
It's better to refer early — before things get worse.

★ **After illness, injury, or hospital stay.**

If they seem weaker, less confident, or more dependent.

★ **When family or staff raise concerns.**

If a caregiver feels worried, it's time to check.

★ **If there has been a fall (or near fall).**

Falls are a major risk and need early action.

★ **Even if you're unsure.**

When in doubt, refer! We will assess and advise.

Why Refer Early?

- ❖ Prevent accidents and hospital visits
- ❖ Keep older adults active and safe
- ❖ Reduce caregiver strain
- ❖ Improve comfort and quality of life
- ❖ Support independence for as long as possible

Early referrals save time, stress, and costs later.

How to Refer (It's Quick!)

- Step 1: **Complete the Simple Referral Form**
 - Tick the areas of concern
 - Include your name, position, and contact details
 - Include the patient's details
 - ICD-10 code (optional)
 - Step 2: **Email the form to us**
 - optimalfunctioningot@gmail.com
 - Step 3: **We will handle the rest**
 - We contact the family or care facility directly
 - We book the assessment and give feedback
 - No admin hassle for you
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What Happens Next?

- ❖ We assess the patient **where they live** (home, old age home, or clinic).
 - ❖ We provide **practical solutions**: exercises, home changes, equipment, caregiver training.
 - ❖ We work with the care team to keep the patient safe and active.
 - ❖ We give **feedback** to you (if consent is given).
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Quick Reminder:

- ❖ Even small changes can make a **huge difference** in the life of an older person.
Your quick referral could prevent a serious injury or help someone enjoy life again!
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