



# PASQUALE AND ALLY MOHAMED INC.

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**SCHOOL/ TEACHER LETTER OF REFERRAL FOR OT SERVICES:**

<b>School Name:</b>		<b>Learners Name:</b>	
<b>Educator Name:</b>		<b>Date of birth:</b>	
<b>Contact Number:</b>		<b>Grade:</b>	
<b>Consent Obtained:</b>	<b>Yes / No</b>	<b>Parent contact details:</b>	

<p><b>1. Academic Skills</b></p> <ul style="list-style-type: none"> <li>• Difficulty with handwriting</li> <li>• Visual perception challenges (copying from board, letter reversals)</li> <li>• Difficulty sustaining attention in tasks</li> <li>• Organisation of materials and workspace</li> <li>• Poor memory impacting learning</li> </ul>	<p><b>2. Motor Development</b></p> <ul style="list-style-type: none"> <li>• Delayed fine motor skills (cutting, pencil grip)</li> <li>• Delayed gross motor skills (balance, coordination)</li> <li>• Low muscle tone impacting endurance</li> <li>• Frequent falls / clumsiness</li> </ul>	<p><b>3. Sensory Processing &amp; Regulation</b></p> <ul style="list-style-type: none"> <li>• Over-responsive (sensitive to noise, touch, movement)</li> <li>• Under-responsive</li> <li>• Difficulty with emotional regulation (outbursts, withdrawal)</li> <li>• Frequent sensory-seeking behaviours (fidgeting, )</li> </ul>
<p><b>4. Behavioural &amp; Social-Emotional</b></p> <ul style="list-style-type: none"> <li>• Difficulty with peer interactions</li> <li>• Difficulty coping with changes in routine</li> <li>• Anxious or withdrawn behaviour</li> <li>• Impulsivity impacting classroom participation</li> </ul>	<p><b>5. Self-Care &amp; Independence</b></p> <ul style="list-style-type: none"> <li>• Difficulty with dressing (buttons, zips, shoes)</li> <li>• Challenges with eating / feeding skills</li> <li>• Toileting independence concerns</li> </ul>	<p><b>6. Assistive Technology / Access Needs</b></p> <ul style="list-style-type: none"> <li>• Require seating / positioning adaptations</li> <li>• Require assistive devices for writing / participation</li> <li>• Require adapted learning materials</li> </ul>

**Urgency of Referral:** Routine (within school term) / Priority (Impacts Daily Functioning) / URGENT (risk to safety or wellbeing)

**Referring Educator Signature:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

# Detailed Referral Guide for Medical & Allied Health Professionals

*Clinical partnership for restoring function, independence, and participation*

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## When to Refer to Occupational Therapy

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

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### 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
<b>Early/Preventative</b>	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)

<b>Routine</b>	Known condition with emerging functional concerns	Child struggling with handwriting, adult with mild memory issues, work performance concerns
<b>Priority</b>	Moderate functional limitation impacting daily life	Adult post-fracture, post-COVID fatigue, child with sensory processing issues
<b>Urgent</b>	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.

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### 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.

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### 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.

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### 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.

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## 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.

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## 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](mailto: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.

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## 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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