

# Association for Engineering and Medical Volunteer Services

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## Community Occupational Therapy Referral Form

Data of Application: \_\_\_\_\_ Our Reference no.: COT \_\_\_\_\_

### Client's Personal Particulars

Name: \_\_\_\_\_(Chinese) \_\_\_\_\_(English)

Age: \_\_\_\_ Sex: \_\_\_\_ HKID no.: \_\_\_\_\_ ( ) Tel no.: \_\_\_\_\_

Home Address: \_\_\_\_\_

C.S.S.A. no.: \_\_\_\_\_ Occupation: \_\_\_\_\_

Disabilities: \_\_\_\_\_

Reason of Referral: \_\_\_\_\_

Category (can choose more than one):  Emergency  Non-emergency

Without receiving any subvented or private allied health service

Without making multi-referral  Cannot provide community OT service

### Details of Referrer/Contact Person

(Referral should be made by registered medical officer, allied health professionals or social worker)

Name: (Mr./Ms.) \_\_\_\_\_ Position: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Tel no.: \_\_\_\_\_ Fax no.: \_\_\_\_\_ E-mail: \_\_\_\_\_

Remarks: \_\_\_\_\_

*(Note: Provided by client's personal particulars will be regarded as accurate and complete, and all information will be provided to the voluntary nature of such information that will be used only for the service-related matters, the client for a personal inspection and the right to information.)*

Renewal Date: 1.6.2021