



Kids Matters
OCCUPATIONAL THERAPY

Referral Form

Empowering Families, Transforming Lives

Child's Name: _____

Date of Birth: _____

Parent's Name: _____

Address: _____

Phone Number: _____

Condition/Diagnosis:

- Autism
- Asperger's
- Sensory Processing Disorder
- ADHD/ ADD
- Intellectual Impairment
- Hearing Impairment
- Vision Impairment
- Cerebral Palsy
- Other _____

Presenting Concerns:

- Gross Motor Skills
- Fine Motor Skills
- Learning
- Handwriting
- Social Skills
- Behaviour Issues
- Toileting
- Feeding
- Memory
- Play
- Any other Functional Skills Issues

Preferred Therapist: _____

Any suited therapist

Additional Referral Notes:

Referrer's Details:

Name: _____

Occupation: _____

Email: _____

Ph: 07 3392 6133

www.kidsmatters.com.au



Kids Matters
OCCUPATIONAL THERAPY

Yeerongpilly

2 / 747 Fairfield Road
Yeerongpilly Qld 4105

Greenslopes

90 Juliette Street
Greenslopes Qld 4120

Aspley

5/1289 Gympie Road
Aspley Qld 4034