

**ISLE OF WIGHT COUNCIL**  
**Social Services request for**  
**Occupational Therapy Services**  
**SELF REFERRAL FORM**



**Please provide information or circle the correct answer**

Title: Mr/Mrs/Miss/Ms	GP:
Surname:	Address:
First Name:	
Date of Birth:	
Address:	Consultant:
Postcode: Tel No:	District Nurse:
	Care Manager:
	Other Professional:
	Your Nationality:
Do you live alone? <b>YES/NO</b> If <b>NO</b> , who with?	
Do you have a disability or long-term medical condition: <b>YES/NO</b> If <b>YES</b> , please give details, including <b>how long</b> you have had difficulties for:	
Do you have a carer? <b>YES/NO</b> If <b>YES</b> , who?	
Does the person you live with have a disability or long term medical condition? <b>YES/NO</b> , If <b>YES</b> , please describe.	
Are you a permanent wheelchair user? <b>YES/NO</b>	
Have you fallen recently? <b>YES/NO</b> If <b>YES</b> ,	WHEN? WHERE?

Let us know which activities are difficult for you and which you can manage.

**Please TICK the column that applies to you most.**

	<b>Able to do</b>	<b>Able to do – with help from another person</b>	<b>Able to do – with equipment</b>	<b>Have difficulty doing</b>	<b>Unable to do</b>
<b>Walking indoors</b>					
<b>Up/downstairs indoors</b>					
<b>Outdoor steps/stairs</b>					
<b>Using wheelchair indoors</b>					
<b>Using wheelchair outdoors</b>					
<b>Getting to the toilet</b>					
<b>Getting on/off the toilet</b>					
<b>Getting to your bed</b>					
<b>Getting in/out of bed</b>					
<b>Getting in/out of a chair</b>					
<b>Getting washed</b>					
<b>Getting in/out of bath</b>					
<b>Using over-bath shower</b>					
<b>Using walk-in shower</b>					
<b>Getting dressed</b>					
<b>Cooking/kitchen</b>					
<b>Eating/drinking</b>					
<b>General household jobs</b>					
<b>Shopping</b>					
<b>Laundry</b>					
<b>Writing</b>					
<b>Speaking</b>					
<b>Answering the door</b>					
<b>Using the telephone</b>					
<b>Other – please specify</b>					

**PROPERTY DETAILS**

Please provide information or **CIRCLE** the correct answer:-

1. Type of accommodation, eg. bungalow, terrace house, flat etc.

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2. Who owns the property?

**Yourself or your family - Private Rent - Housing Association**

If Housing, which?      SWHA      MEDINA      VECTIS

**Other:** .....

3. Which rooms do you have? Please **CIRCLE** all that apply.

**Kitchen                      Kitchen/Diner                      Dining Room**  
**Lounge/Diner                      Lounge**

**Bathroom:    Same floor    Downstairs    Upstairs    Both**

**Toilet:            Same floor    Downstairs    Upstairs    Both**

**Bedrooms:            1            2            3            4**

**Other (Please specify).....**

**Stairs:                      Straight                      Curved**

**Stair rails:    None            One Side    Both sides**

