OCCUPATIONAL THERAPY ONSITE TEACHING CLINIC
ADULT REFERRAL FORM 2027

The Occupational Therapy Teaching Clinic provides **FREE** services to community volunteers. Each session is led by a graduate level occupational therapy student, supervised by a WA State licensed OT. To be considered for an appointment, please complete pages 1-2 and **have a qualified healthcare provider (i.e. MD or ARNP) complete and sign page 3**. Please return all three pages to the School of Occupational Therapy by fax **or** by mailing to the address on page 3.

Participant Information		
Name (pronouns):		
Street address:		
City:	State:	ZIP Code:
Primary phone:	Email:	
Alternate phone (if applicable):		
Date of Birth:	Have you attended this clinic before? ☐ Yes ☐ No	
POA Name (if applicable):		

Emergency Contact	
Name:	Relationship:
Phone number:	Email:

Communication Preferences
Please indicate all methods that we can use to contact you about appointments:
☐ Primary phone number (listed above) Can we leave a detailed message at this number? ☐ Yes ☐ No ☐ Email (listed above) *Please be advised that information shared via email will be limited to appointment details in order to protect your personal health information.*

OCCUPATIONAL THERAPY ONSITE TEACHING CLINIC
ADULT REFERRAL FORM 2027

Participant Reason for Referral

Diagnosis/Health Condition(s):

Why would you like to participate in our campus-based teaching clinic at the University of Puget Sound?

Please list any other occupational therapy services that you are currently receiving, or have received in the past several years, and the location of those services (hospital, clinic, etc.):

Please check any of the following that you would like to work on during the teaching clinic sessions:

- ☐ Self-care (eating, dressing, bathing, etc.)
- ☐ Cooking
- ☐ Home maintenance/household chores
- ☐ Leisure activities and/or socializing
- ☐ Community mobility (driving, public transportation)
- ☐ Return to work/volunteering
- ☐ Other: _____

Teaching Clinic Scheduling

Participants may be scheduled for Tuesday AND/OR Thursday sessions for the duration of clinic.

Please indicate your available times by marking 1 & 2 for your top two preferences:

Morning Times	Afternoon Times
☐ 8:00-8:45 am	☐ 2:30 - 3:15 pm
☐ 9:00 - 9:45 am	☐ 3:30 - 4:15 pm
☐ 10:00 - 10:45 am	

Please indicate preferred day(s):

☐ Tuesday ☐ Thursday ☐ Both

Prior to review and scheduling, ALL 3 pages (including p. 3- Provider Referral) must be received.

Thank you!

OCCUPATIONAL THERAPY ONSITE TEACHING CLINIC
ADULT REFERRAL FORM 2027

Dear Healthcare Provider:

Your patient has requested to participate in the University of Puget Sound's School of Occupational Therapy Teaching Clinic. Participants volunteering for the teaching clinic work with an occupational therapy student, who is learning the process of evaluation and intervention, under the supervision of a licensed occupational therapist.

THIS SECTION MUST BE COMPLETED BY A REFERRING PROVIDER		
Participant Name:		
Address:		Phone:
City:	State:	ZIP Code:
Referral Date:	Date of Onset/Injury:	
Medical Diagnosis:		
Precautions:		
Medications:		
Reason for referral (please check): ☐ Occupational therapy evaluation and intervention ☐ Other: _____		
Comments:		
Provider Signature:		Date:
Provider name and address (please print or stamp):		
Provider fax:	Provider phone:	

Please return pages 1-3 of this referral form to:

USPS mail: **FAX:** (253) 879-3518 or (253) 879-3540

UPS School of Occupational Therapy
Teaching Clinic
1500 N. Warner St. #1070
Tacoma, WA 98416-1070

If you have questions, please call the school of OT at (253) 879-3514