



My name is Bronwen Poultney and I am an Occupational Therapist (OT) contracting with KNC. I work to identify supports and strategies so that people can participate in meaningful activities of daily living at home, school, daycare, work and in their communities

### ***What areas can an OT support?***

#### **Assessment and support in areas of daily life including:**

Sensory Processing	Emotional regulation and behavior
Physical, gross and fine motor skill development	Sleep
Hygiene	Feeding
Mobility	Social participation
Time management, organizational skills, attention and focus development	Activities at school and/ or work
Home and community safety	Family routines (e.g. mealtimes, chores, outings, etc.)

#### **Collaboration and coaching to:**

explore tools, strategies and modifications to support participation
explore technology and specialized equipment for learning and participation
explore activities for mental and physical health and wellbeing

#### **What do OT services look like?**

<b>CHILDREN AND YOUTH</b>	<b>ADULTS</b>
Play based, creative coaching at home, school, daycare and in the community with a focus on family and child needs and priorities	Coaching and collaboration centered on client and family needs and priorities at home, work and in the community

To submit completed referral forms, ask questions about OT, or request assistance with completing this form, please contact Bronwen Poultney at: [Bronwen.Poultney@ktunaxa.org](mailto:Bronwen.Poultney@ktunaxa.org)

## OCCUPATIONAL THERAPY PROGRAM – INTAKE FORM

<b>CLIENT NAME:</b>	
<b>CLIENT DATE OF BIRTH:</b>	
<b>PARENT/ CAREGIVER NAME:</b>	
<b>ADDRESS:</b>	
<b>PHONE NUMBER:</b>	
<b>E-MAIL:</b>	

<b>STRENGTHS AND INTERESTS</b>	
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<b>AREAS FOR GROWTH/ CHANGE</b>	
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<b>GOALS FOR OT SERVICE</b>	
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**OCCUPATIONAL THERAPY PROGRAM  
CONSENT TO OBTAIN AND RELEASE INFORMATION**

**PART 1: CONSENT TO OCCUPATIONAL THERAPY ASSESSMENT**

I, the undersigned client or parent/guardian, authorize the Occupational Therapist, as deemed necessary for the client, to:

- **Perform assessment**
- **Provide recommendations, resources, trainings, and follow-up**

I, the undersigned, understand that the assessment results and recommendations will be discussed with me

<b>NAME:</b>	
<b>DATE:</b>	
<b>RELATIONSHIP TO CLIENT:</b>	
<b>PARENT/CAREGIVER SIGNATURE:</b>	

**PART 2: CONSENT TO OBTAIN AND RELEASE INFORMATION**

I, the undersigned client or parent/guardian, authorize the Occupational Therapist, as deemed necessary for the client, to:

- **OBTAIN** information and/or records from relevant agencies and individuals (eg. Medical facilities, physician, schools, Ministry of Children and Families, KKCFSS, health unit.)
- **RELEASE** information and/or records to relevant agencies and individuals
- **DISCUSS** pertinent information with representatives of relevant agencies and individuals

<b>NAME:</b>	
<b>DATE:</b>	
<b>RELATIONSHIP TO CLIENT:</b>	
<b>PARENT/CAREGIVER SIGNATURE:</b>	

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