

**PERKHIDMATAN PEMULIHAN CARAKERJA**

**BORANG RUJUKAN PERKHIDMATAN PEMULIHAN CARAKERJA KEMENTERIAN KESIHATAN MALAYSIA**

*Occupational Therapy Referral Form MOH*

NAMA	_____	NO PENDAFTARAN	_____
UMUR	_____	NO. K/P	_____
TARIKH LAHIR	_____	WAD / PESAKIT LUAR	_____
TARIKH RUJUKAN	_____	NO TEL	_____
MASA RUJUKAN	_____	DIAGNOSIS	_____

**CLINICAL ASSESSMENT**

<input type="checkbox"/>	Activities Of Daily Living Assessment	<input type="checkbox"/>	Hand Function & Upper Limb Assessment
<input type="checkbox"/>	Behaviour Assessment	<input type="checkbox"/>	Domestic Assessment
<input type="checkbox"/>	Cognitive and Perceptual Assessment	<input type="checkbox"/>	Driving Assessment
<input type="checkbox"/>	Child Developmental Assessment	<input type="checkbox"/>	Work / Home / School Assessment
<input type="checkbox"/>	Domestic Assessment	<input type="checkbox"/>	Sensory Motor Assessment
<input type="checkbox"/>	Psychological Assessment	<input type="checkbox"/>	Pre School / School Skills Assessment
<input type="checkbox"/>	Seating and Wheelchair Assessment	<input type="checkbox"/>	Sensory Profile Assessment
<input type="checkbox"/>	Play and Leisure Assessment	<input type="checkbox"/>	Work Assessment
<input type="checkbox"/>	Others		

**INTERVENTION**

<input type="checkbox"/>	Activity Of Daily Living Training	<input type="checkbox"/>	Domestic Rehabilitation
<input type="checkbox"/>	Aids Adaptation / Assistive Devices	<input type="checkbox"/>	Fine Motor / Hand Function Training
<input type="checkbox"/>	Behavioural Therapy	<input type="checkbox"/>	Gross Motor / Functional Mobility
<input type="checkbox"/>	Cognitive and Perceptual Training	<input type="checkbox"/>	Patients' and Careers' Education
<input type="checkbox"/>	Compression Therapy	<input type="checkbox"/>	Play and Leisure (Exploration and Training)
<input type="checkbox"/>	Creative Therapy	<input type="checkbox"/>	Sensory Integration Training
<input type="checkbox"/>	Social Skills Training	<input type="checkbox"/>	Wheelchair Training
<input type="checkbox"/>	Relaxation Therapy / Stress Management	<input type="checkbox"/>	Work Rehabilitation
<input type="checkbox"/>	Low Vision Rehabilitation	<input type="checkbox"/>	Splint
		<input type="checkbox"/>	Other

**PROGRAM PROMOTIF DAN PREVENTIF**

<input type="checkbox"/>	Sensory Screening & Foot Ware for Diabetic	<input type="checkbox"/>	Elderly Program—Prevention of Fall, Dementia /Alzheimer
<input type="checkbox"/>	Obesity - Behaviour/Lifestyle Modification	<input type="checkbox"/>	Hypertension - Relaxation Therapy/Stress Management
<input type="checkbox"/>	Worker's Health & Safety		

Kontraindikasi / Keterangan lain (jika ada) : \_\_\_\_\_

**TANDATANGAN**

\_\_\_\_\_  
Pakar / Pegawai Perubatan yang merujuk  
Cop dan T/Tangan

**KEGUNAAN PEJABAT**

TARIKH TERIMA BORANG RUJUKAN	_____
MASA TERIMA BORANG RUJUKAN	_____
TARIKH TEMUJANJI	_____
NAMA ANGGOTA PENERIMA	_____
TANDATANGAN ANGGOTA PENERIMA	_____