



LIFE SKILLS

occupational therapy

OCCUPATIONAL THERAPY REFERRAL FORM

PATIENT NAME*

DATE OF BIRTH*

PHONE

DIAGNOSIS 1*

ICD 10 CODE*

DIAGNOSIS 2

ICD 10 CODE

PRECAUTIONS &/OR
SPECIAL INSTRUCTIONS

Services

- OT Evaluation & Treatment
- Home or Work Evaluation
- Ergonomic Evaluation

Concerns

- Executive Function &/or Cognitive Skills
- Behavioral Health
- Coping Skills
- Health &/or Lifestyle Management
- School, Work, &/or Community Participation
- Chronic Condition Management
- Tobacco Cessation &/or Relapse Prevention

Referring Provider

NAME & TITLE*

PHONE

FAX/EMAIL

Contact

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CTTS, ADHD-RSP*



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Los Angeles, CA 90025

Referring Provider's Signature*

Date*

***Required for a valid referral**