

Date: [Insert Date]

To: [Referrer Name/Doctor Name]

Facility: [Clinic/Hospital Name]

Address: [Address, City, State, Zip]

RE: Occupational Therapy Consultation Report

Patient Name: [Child's Full Name]

Date of Birth: [DOB]

Diagnosis/Reason for Referral: Developmental Delay

Dear [Referrer Name],

I am writing to provide the results of the Occupational Therapy consultation for [Child's Name] conducted on [Evaluation Date]. The purpose of this evaluation was to assess developmental milestones and functional performance across several domains.

Clinical Observations and Assessment:

- **Fine Motor Skills:** [Briefly describe grasping, manipulation, or tool use]
- **Gross Motor Skills:** [Briefly describe coordination, balance, or postural control]
- **Sensory Processing:** [Briefly describe response to environmental stimuli]
- **Activities of Daily Living (ADL):** [Briefly describe feeding, dressing, or self-care abilities]
- **Visual-Motor Integration:** [Briefly describe eye-hand coordination]

Clinical Impression:

[Child's Name] presents with delays in [Specific Areas, e.g., fine motor coordination and sensory regulation] which impact their ability to perform age-appropriate functional tasks.

Recommendations:

- Occupational Therapy intervention [Number] times per week for [Duration] months.
- Home exercise program focused on [Specific Activity].
- Referral to [Speech Therapy/Physical Therapy/Audiology] for further evaluation.

Goals:

The primary focus of therapy will be to improve [Goal 1] and [Goal 2] to enhance the child's participation in daily routines.

Thank you for this referral. Please contact me if you have any questions regarding this plan of care.

Sincerely,

[Your Signature]

[Your Name, Credentials]

[Your Contact Information]