

# OET Case Notes

Occupational Therapy · Intermediate · Referral letter · to Community Occupational Therapist

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## Occupational Therapy — Referral to Community OT after Stroke Discharge

### THE CASE NOTES

**Patient:** Mr Stanley Nguyen, 67 years old; right ischaemic stroke 3 weeks ago; mild left hemiparesis; discharged home today

**Home:** Lives alone in a first-floor flat (lift access); no family locally; receives home help twice weekly

**Current ADL status:** Independent in bed mobility and transfers with a rail; self-care (washing and dressing) — needs minimal assistance; manages short indoor walks (10 m) with a single-point stick; unable to cook independently (grip and balance)

**Equipment discharged with:** Grab rail (bathroom, fitted); perching stool (kitchen); single-point stick; long-handled shoe horn

**Outstanding OT needs:** Kitchen and cooking assessment; upper limb fine motor rehabilitation (writing, cutlery use); fatigue management education; review of ability to manage medications independently

**Mood:** Mildly low mood; finding the adjustment difficult; aware of community stroke group (referred by social worker)

**Task:** Write a referral letter to the community OT, Ms Aileen Burke, asking her to visit Mr Nguyen at home and carry out an ADL and equipment needs assessment.

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### WHAT TO INCLUDE

**+ That he lives alone in a first-floor flat with lift access and has home help twice weekly**

The community OT's visit planning depends on the home situation. Living alone tells them there is no carer present — all ADL assessments need to account for fully independent function, not assisted.

**+ Current ADL baseline: independent in transfers, minimal assistance for washing and dressing, unable to cook independently**

This baseline allows the community OT to set goals for the home programme and identify the highest-priority safety concerns — cooking is the key unmet need.

**+ The four outstanding OT needs: kitchen assessment, upper limb fine motor rehab, fatigue management, medication management**

This is the referral agenda. The community OT knows what to plan for at the first visit rather than starting from scratch.

### WHAT TO LEAVE OUT

**– The stroke neurology and imaging detail**

'Right ischaemic stroke with mild left hemiparesis' is the context. The community OT does not need MRI findings to plan an ADL assessment.

**– The mood and community stroke group referral in detail**

The social worker has already referred him to the community stroke group. A brief mention — 'mild low mood; community stroke group referral arranged' — covers it.

### CRITERION IN FOCUS · ORGANISATION & LAYOUT

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OT referral letters to community colleagues organise into: (1) who the patient is and why they are being referred, (2) current functional status, (3) the specific assessment or rehabilitation goals requested. Placing the equipment list before the functional status, or the outstanding needs before the baseline, creates a letter the community OT must re-read to extract the referral's purpose.

**Write this letter, then get it marked at [oetwritingcorrection.com/oet-writing-services](http://oetwritingcorrection.com/oet-writing-services)**

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