

OET Case Notes

Occupational Therapy · Intermediate · Transfer letter · to Dementia Care OT

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Occupational Therapy — Transfer to Dementia Care OT for a Patient Moving to Memory Care

THE CASE NOTES

Patient: Mrs Rose Chen, 78 years old; moderate Alzheimer's disease (MMSE 16/30); transferring from home community OT support to St Brigid's Memory Care residential facility

Current ADL status: Personal care: requires verbal prompts and step-by-step guidance for washing and dressing; follows a 3-step instruction reliably; cannot initiate tasks independently; manages finger-food meals independently; requires supervision for hot drinks

Communication: Best understood when spoken to slowly, with eye contact, using short sentences (3–5 words) and yes/no questions; responds well to a calm, unhurried manner; can be distressed by multiple people speaking simultaneously; name recognition reliable

Meaningful activities: Enjoyed gardening (not possible in facility — window boxes could substitute); responds well to music from the 1960s (Chinese and Cantonese songs); tactile activities: folding towels, sorting buttons, handling smooth objects; religious: Christian (Catholic); responds to religious music and familiar prayers

Behaviour: Sundowning: increased anxiety and agitation from 16:00–18:00; strategies: gentle music, familiar objects, warm drink, reduced noise environment; no aggressive behaviours recorded; occasional tearfulness when reminded she is not going home

Family: Daughter (Mrs Anna Lo) is primary next-of-kin; visits regularly; has provided a photograph album and a memory box; would like to continue involvement in meaningful activities

Task: Write a transfer letter to the memory care facility OT team, outlining Mrs Chen's functional status, communication strategies, and meaningful activity profile.

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WHAT TO INCLUDE

+ Communication strategies: short sentences (3–5 words), eye contact, yes/no questions, calm unhurried manner, avoid multiple simultaneous speakers

Getting communication right is the prerequisite for all other care in dementia. The facility team cannot run an effective ADL programme or meaningful activity session without knowing how Mrs Chen understands and responds to communication.

+ Meaningful activities: music from 1960s (Chinese/Cantonese), tactile activities (folding towels, sorting buttons), Catholic faith and religious music

Person-centred care in memory care depends on preserved meaningful engagement. These are the activities that give Mrs Chen wellbeing and connection. The facility OT team builds the activity programme from this profile.

+ Sundowning 16:00–18:00 and the de-escalation strategies: gentle music, familiar objects, warm drink, quiet environment

Sundowning is predictable and manageable with the right environment at the right time. The facility OT and care team must know the window and the strategies before 16:00 on day one — not after the first distressed episode.

WHAT TO LEAVE OUT

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- **The medical history and the Alzheimer's progression history**

The facility receives the GP summary and the specialist dementia team report. The OT transfer covers the occupational and functional profile. 'Moderate Alzheimer's disease (MMSE 16/30)' is sufficient context.

- **The previous home layout and the home OT interventions in detail**

The patient is moving to the facility — the home context is irrelevant to the receiving OT team. What matters is the current functional level and the person's profile.

CRITERION IN FOCUS · CONTENT

Dementia OT transfers are assessed on whether the receiving team can provide person-centred care from day one without a 'getting to know you' period. This requires three content components: (1) functional status — what she can do and how to prompt her effectively, (2) communication strategies — how to interact, (3) meaningful activities and emotional wellbeing — what matters to her. A transfer that covers only the clinical without the person-centred profile fails Content in the dementia care context.

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