

Mental Health OT Clinic

Instructor: Karen Pickett, MS, OTR/L, SWC
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Clinic days: Tuesdays and Thursdays
Hours: 9:00 – 10:15 am
Semesters: *Fall* (Sept. – Dec.); *Spring* (Feb – May)

Suggested donation:
\$150.00 to cover
materials & supplies
used during clinic.
Any amount is also
appreciated.

Referral Information:

Today's Date: _____

Client's Name: _____

Preferred Pronouns: ___ he/him/his ___ she/her/hers ___ they/them/theirs

Date of Birth: _____

Primary Language: _____

Address: _____

Emergency Contact Person/ _____
Phone Numbers _____

Your Email Address: _____

Your phone number: (indicate cell/home) _____

Diagnosis: _____

Medications: _____

Medical or Food Allergies: _____

What are your hopes or goals for attending the SJSU Occupational Therapy clinic?

In order to reach your goals, will you be able to commit to coming to 90-100% of sessions over the full semester?

___ yes

___ no