CENTRAL INTAKE - Referral Form

SSCY Centre
1155 Notre Dame, Winnipeg, MB R3E 3G1

Audiology
Occupational Therapy
Physiotherapy
Speech-Language Pathology

Phone: 204-258-6550 Fax: 204-258-6799

CHILDREN'S THERAPY INITIATIVE – WINNIPEG (CTI-WPG) CENTRAL INTAKE PARTNERS

CNIB	Rehabilitation Centre for Children	St. Boniface Hospital
Central Speech and Hearing Clinic Inc.	Society for Manitobans With Disabilities	Winnipeg Regional Health Authority
Health Sciences Centre	St.Amant	

CHILD INFORMATION

LAST NAME ____________________

FIRST NAME ____________________

BIRTH DATE M ____ D ____ Y ____ ☐ MALE ☐ FEMALE

ADDRESS ____________________

CITY ____________ **Postal Code** ____________

PHIN# ____________ **MHSC#** ____________

PRIMARY LANGUAGE ____________________

SERVICES PREFERRED ☐ ENGLISH ☐ FRENCH **INTERPRETER** ☐ YES ☐ NO

PRIMARY DOCTOR ____________________

DOCTOR'S PHONE ____________________

DOCTOR'S ADDRESS ____________________

REFERRAL SOURCE

NAME & DESIGNATION ____________________

SIGNATURE ____________________

ADDRESS ____________________

PHONE ____________ FAX ____________

HAS THE FAMILY/CAREGIVER BEEN INFORMED ABOUT THIS REFERRAL?
☐ **YES** ☐ **NO**

PARENT(S) OR GUARDIAN(S) (Please check box to indicate which parent/caregiver this child lives with)

	PARENT/CAREGIVER NAME	RELATIONSHIP	PRIMARY PHONE	ALTERNATE PHONE
☐				
☐				

IF THIS CHILD RESIDES WITH SOMEONE OTHER THAN HIS OR HER LEGAL GUARDIAN, OR IS IN THE CARE OF A CHILD & FAMILY SERVICES AGENCY, THE FOLLOWING SECTION MUST BE COMPLETED

LEGAL GUARDIAN ____________ PHONE ____________ FAX ____________

AGENCY NAME ____________ ADDRESS ____________ POSTAL CODE ____________

REASON FOR REFERRAL (Check all that apply)

☐ AUDIOLOGY FOR CHILDREN AGES 0 TO 17

- ☐ Auditory Processing Assessment
  Child must be 8 years or older.
- ☐ Second Opinion
  (Include background info & previous audio results)
- ☐ Neonatal Risk Factors for Hearing Loss
  ____
- ☐ Syndrome Associated with Hearing Loss
  ____
- ☐ Parental Concern
- ☐ Ear Infections
- ☐ Family History of Childhood Hearing Loss
- ☐ Speech Delay
- ☐ No Speech
- ☐ Failed School Screening (Provide School Name)
  ____

☐ OCCUPATIONAL THERAPY

- ☐ Feeding Concerns, specify:
  ____
- ☐ Adaptive Play Skills
- ☐ Fine Motor Skills
- ☐ Attention and Organization
- ☐ Self-Care Skills
- ☐ Peer Interactions
- ☐ Sensory Processing
- ☐ Delayed Developmental Milestones

☐ PHYSIOTHERAPY

- ☐ Gross Motor Coordination
- ☐ Balance
- ☐ Strength
- ☐ Walking / Running
- ☐ Plagiocephaly
- ☐ Torticollis
- ☐ Delayed Gross Motor Milestones
- ☐ Musculoskeletal Concerns, Specify:
  ____

☐ SPEECH-LANGUAGE PATHOLOGY

- ☐ Difficulty Talking
- ☐ Difficulty Understanding Information
- ☐ Difficulty Interacting with Others
- ☐ Stutters (3+ Repetitions of Word/Sound)
- ☐ Difficult to Understand
- ☐ Delayed Developmental Milestones

COMMENTS (Diagnosis, Presenting Concerns, etc)

Children attending a school in the Winnipeg School Division are eligible for audiology services from:
Audiology, Winnipeg School Division
1075 Wellington Cr., Winnipeg, MB
Fax directly to: 204-783-1149

DATE RECEIVED	INTAKE USE ONLY
	INTAKE INFORMATION

Approved 12/08/2015

THIS REFERRAL WILL BE DIRECTED TO THE MOST APPROPRIATE SERVICE PROVIDER AND / OR TO THE CHILD'S HOME REGION