

CHILD'S INFORMATION

NORTH EASTMAN CHILDREN'S THERAPY INITIATIVE

Audiology Occupational Therapy Physiotherapy Speech-Language Pathology



REFERRAL FORM

Box 550 Beausejour, Manitoba R0E 0C0
 Phone: (204) 268-7465 Fax: (204) 268-2153

LAST NAME _____

FIRST NAME _____

BIRTH DATE _____ MALE FEMALE
(DD-MMM-YYYY)

ADDRESS _____

CITY _____ POSTAL CODE _____

PHIN# _____ MHSC# _____

MET# (School Use Only) _____

PRIMARY LANGUAGE _____

DIAGNOSIS (If Known) _____

FAMILY DOCTOR/PEDIATRICIAN _____

DOCTOR'S PHONE _____

NORTH EASTMAN CHILDREN'S THERAPY INITIATIVE PARTNER AGENCIES:

Interlake Eastern Regional Health Authority
 Rehabilitation Centre for Children
 Society for Manitobans with Disabilities - Outreach Therapy Program
 Frontier School Division Sunrise School Division Whiteshell School Division

REFERRAL SOURCE

Name and Designation _____

Signature _____

Address _____

City _____ Postal Code _____

Phone _____ Fax _____

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

	PARENT/CAREGIVER NAME	RELATIONSHIP	HOME PHONE	WORK PHONE	CELL PHONE	EMAIL ADDRESS
<input type="checkbox"/>						
<input type="checkbox"/>						

Parent(s)/Legal Guardian(s) have been informed and are in agreement with this referral

PARENT/LEGAL GUARDIAN SIGNATURE _____ DATE _____

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 (Children 0-18 yr)

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

SPEECH-LANGUAGE PATHOLOGY

Cleft Lip & Palate

Not Talking

Talking in Single Words

Immature Grammar

Difficulty Understanding Information

Difficulty Interacting with Others

Stutters (3 or More Repeats of Word/Sound)

Avoids Speaking

Difficult to Understand

Delayed Developmental Milestones

OCCUPATIONAL THERAPY

Feeding Concerns

At Risk for Choking

Texture Aversions

Saliva Control

Delayed Adaptive Play Skills

Delayed Fine Motor Skills

Decreased Attention Organization

Difficulty with Self-Care Skills

Difficulty with Peer Interactions

Sensory Processing Concerns

Environmental Access Needs

Delayed Developmental Milestones

PHYSIOTHERAPY

Decreased Coordination

Decreased Balance

Frequent Falls

Decreased Strength

Limited Joint Range of Motion

Not Walking/Walks Awkwardly

Difficulty Running

Difficulty Going Up/Down Stairs

Difficulty Throwing/Catching Ball

Plagiocephaly/Torticollis

Delayed Developmental Milestones

Musculoskeletal Concerns, Specify

COMMENTS: