CENTRAL INTAKE - Referral Form

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

Specialized Services for Children & Youth
Together Is Better

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

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

Approved 12/08/2015

DATE RECEIVED	INTAKE USE ONLY
	INTAKE INFORMATION

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