

## **Physician Referral**

Réseau de traitement des enfants	FAX to CTN Intake at 705-792-2775 or 1-888-474-2775				
CLIENT INFORMATION					
Name:		DOB:	Gender: M	F	0
(Surname) (First)		(dd-mm-year	)		
Address:	City:		Postal Code:		
Health Card:	Version:	Ex	p:		
Primary Diagnosis:	Other I	Diagnoses:		GMFCS:	:
Parent/Guardian #1 Address same as client	:: YES NO (if "N	NO, complete fields	5)		
Name:	Custody: r	parents mother	father other	·:	
Relationship to Client:	Primary Co	ntact Number:			
Address:	City:		Postal Code:		
Alternate Contact Number:	Email:				
Language(s) Spoken: Inte	erpreter YES	NO French Lang	uage Services	YES	NO
Parent/Guardian #2 Address same as client	:: YES NO (if "I	NO, complete field	s)		
Name:	Custody:	parents mother	father othe	er:	
Relationship to Client:	Primary Co	ontact Number:			
Address:	City:		Postal Code:		
Alternative Contact Number:	Email:				
Rehabilitation Services and Local Team Referrals (see eligibility page 2)					
Occupational Therapy Physiotherapy Preschool Speech and Language (Simcoe)			<u>e)</u>		
Service Coordination Service Navigation					
Diagnostic and Medical Consultation					
SERVICE REQUI	REMENTS/ELIGIBLIT	ΓΥ (relevant consu	It notes and rep	orts re	quired)
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SERVICE	REQUIREMENTS/ELIGIBLITY (relevant consult notes and reports required)			
Developmental Assessment and Consultation Services (DACS)	<b>Simcoe:</b> Developmental Pediatrician SLP only ADOS will attend <b>York Region</b> : preschool DACS package completed by YREIS or YRPSLP, school aged DACS package completed by school board psychologist			
Developmental Medical Clinic	Children with developmental concerns in addition to complex medical conditions (formerly Complex Medical Consultation)			
Medical Behavioural Clinic	Children with conditions associated with significant behavioural concerns possibly requiring medication, such as ASD with comorbidity			
Neuromotor Clinic (York)	Neuromotor diagnosis or similar presentation/query			
Spasticity Management Clinic	Neuromotor diagnosis with spasticity or dystonia Referrals by an OT or PT plus Physician			
Reason for referral/concerns: (mandatory)				
Physician Signature Physicia	n Name (please print) Phone# Fax#			
Billing#				

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## **Additional Service Descriptions and Criteria**

**Physiotherapy Services:** Physiotherapy (PT) for children and youth with neuromotor disabilities focuses on developing their gross motor skills to maximize the child's function and participation at home, at school and in the community. The therapist may also assess and prescribe equipment to assist the child or youth to maximize function and/or comfort.

**Occupational Therapy Services:** Occupational therapy (OT) for children and youth with neuromotor disabilities focuses on developing their motor skills to improve their ability to perform activities associated with their daily life such as self-care, play and community participation. The therapist may also assess and prescribe equipment to assist the child or youth to maximize function and/or comfort.

**Speech and Language Services (Simcoe preschool only):** Simcoe preschool speech and language services can be considered if a child has difficulty in any of the following areas: play, receptive and expressive language, social skills, speech sound development, feeding.

**Service Coordination:** Service Planning Coordinators (SPC) support the development of a coordinated and integrated service plan that considers all service needs. SPCs are family centred and support the child, family and team to identify and set meaningful goals.

**Service Navigation:** Service Navigators discuss a child/youth's needs, work with families to determine the supports a child/youth and family would benefit from, and guide families through the referral process for both CTN services and services delivered through other agencies.

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