

## Physician Referral FAX to CTN Intake at 705-792-2775 or 1-888-474-2775

CLIENT INFORMATIO	N									
Name:					DOB:		Gender:	M	F	0
(Surname)	st)			(dd-mm-year)						
Address:				City:			Postal Co	de:		
Health Card:		\	/ersion:			Ex	p:			
Primary Diagnosis:					Diagnose			G	MFCS:	<u>:                                    </u>
Parent/Guardian #1	Address same a	as client:	YES	•	'NO, comp		•			
Name:				ustody:	•	mother	father o	other:		
Relationship to Client	:				ontact Nu					
Address:				ity:			Postal Cod	e:		
Alternate Contact Nu	mber: –	_		mail:						
Language(s) Spoken:		Interp		YES		_	uage Servic	ces	YES	NO
Parent/Guardian #2	Address same a	as client:	YES	•	"NO, com		•			
Name:			Cı	ustody:	parents	mother	father	other:	i 1	
Relationship to Client	•		P	Primary C	Contact Nu	mber:				
Address:			C	City:			Postal Cod	de:		
Alternative Contact N	umber: –	-	E	mail:						
Other Referrals (see el	ligibility page 2)									
Occupational Th	· · · · ·	Physiother	anv		Droscho	ol Speech	and Langu	21 0001	imcoe	,
-	-				•	_				
Service Coordination Service Navigation Psychology (pre-approval required see page2)									page2)	
Diagnostic and Medical Consultation										
SERVICE		REQUIRE	MENTS	/ELIGIBL	ITY (releva	ant consu	It notes an	d repo	rts re	quired)
Diagnostic Autism Clinical Services		DACS ref	errals ac	cented fo	or Simcoe (	ounty and	York Region	n -		-
(DACS) (formerly Developmental				•	ease indica	•	TOTK NEGIO			
Assessment Consultation Services)					ediatrician		only ADOS	wi	ll atter	nd ADOS
Assessment consult			•							
Da ala sasastal Ma	-1' 1 Cl' - ' -	Children	ملم ماندند		ممسمم لمغس	امم من ممس	d:±: o.o. ± o. o.o.	برملميمين	المممما:	امما
Developmental Medical Clinic		Children with developmental concerns in addition to complex medical conditions (formerly Complex Medical Consultation)								
		Condition	15 (101111	erry Con	ipiex ivieu	icai Consc	illation)			
Children with conditions associated with s						d with sign	aificant hal	haviou	ral	
Medical Behavioura	Children with conditions associated with significant behavioural concerns possibly requiring medication, such as ASD with comorbidity									
		Concerns	possibi	y requiri	ng medica	tion, suci	i as ASD Wi	tii coii	ioibiu	ity
Neuromotor Clinic (York)		Neuromotor diagnosis or similar presentation/query								
Spasticity Managen	Neuromotor diagnosis with spasticity or dystonia									
Spasticity Wallagen	Referrals by an OT or PT plus Physician									
Reason for referral/concerns: (mandatory)										
neason for referral/CC	Ancerns. (manua	COI Y J								
Physician Signature Physician Name (please print) Phone# Fax#										
Billing#										
PIIIII 6 T										

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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.

**Psychology**: Psychology accepts referrals for children and youth between the ages of 4 and 18 (up to 21 if the individual is still in high school) who have a known neurological or neurodevelopmental condition including acquired brain injury (e.g., traumatic brain injury, stroke, brain tumour, encephalitis), seizure disorder, cerebral palsy (only children who are being followed by a pediatrician at CTN in the Neuromotor clinics), and complex medical conditions believed to impact neurodevelopment. Prior to a referral, professionals must contact Dr. Saltzman-Benaiah at email address Jennifer.Saltzman-Benaiah@MackenzieHealth.ca to ensure the appropriateness of the referral. Referrals will not be accepted without pre- approval.

**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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