

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

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CLIENT INFORMATION										
Name:				DOB:		Gender	: M	F	0	
(Surname)	(First)				(dd-mm-year)					
Address:			City:			Postal C	ode:			
Health Card:		Version:			Ex	o:				
Primary Diagnosis:			Other	Diagnose	s:			GMFCS	:	
Parent/Guardian #1	Address same as clie	ent: YES	NO (if '	NO, comp	lete fields	()				
Name:		C	ustody:	parents	mother	father	other	:		
Relationship to Client	:	Р	rimary C	ontact Nu	mber:					
Address:		С	ity:			Postal Co	de:			
Alternate Contact Nu	mber: – –	E	mail:							
Language(s) Spoken:	lr	nterpreter	YES	NO Fr	ench Langi	uage Serv	ices	YES	NO	
Parent/Guardian #2	Address same as clie	nt: YES	NO (if	"NO, com	plete field	s)				
Name:		C	ustody:	parents	mother	father	othe	er:		
Relationship to Client	:	F	Primary (Contact Nu	ımber:					
Address:		(City:			Postal Co	de:			
Alternative Contact N	umber: – –	[Email:							
Rehabilitation Services and Local Team Referrals (see eligibility page 2)										
Occupational Therapy Phy		hysiotherapy		Preschool Speech and Language (Simcoe)						
Service Coordination		Service Navigation								

Diagnostic and Medical Consultation

SERVICE	REQUIREMENTS/ELIGIBLITY (relevant consult notes and reports required)							
Diagnostic Autism Clinical Services (DACS) (formerly Developmental Assessment Consultation Services)	DACS referrals accepted for Simcoe County and York Region. For Simcoe County only please indicate: Developmental Pediatrician SLP only ADOS will attend A							
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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