Physician Referral Form for Children with Multiple Special Needs

Child's Name ________________________________ Date of Birth_____________ Sex: □ M □ F
dd/mm/yyyy
Child's Address ____
Phone Number ( ) ______________________
Child's Health Card Number: _________________________ Version____________ Not Available □
Parent/Guardian Name ____ Legal Custody: □Yes □No
□Check if address same as above
Parent/Guardian Address: ____
Telephone Number: ( ) ____________________ Work Number: ( ) ____________________________

Primary Diagnosis ______________________________ **Secondary Diagnosis**____________________________

Is the family aware of this referral? □ Yes □ No

Reason for Referral
□ Occupational Therapy Services □ Speech and Language Services
□ Physiotherapy Services □ Social Work □ Service Navigation
□ Multidisciplinary team assessments for the purposes of diagnosis_____________________________________
□ Other: ____

If you are referring for Paediatrician or Developmental Paediatrician Services please complete the section below and include copies of relevant investigations such as: MRI, blood tests, hip X-rays, hearing tests, previous consultation reports (genetics, audiology, psychology, OT/PT/SLP assessments).

Paediatrician Services (Medical Consultation)
□ Second Opinion of Diagnosis specify: ____
□ Multiple Diagnoses (please include a description of concerns below)
□ Neuromotor medical follow up
□ Botox/Spasticity Clinic
-main goal of injections: ____
-injections in past No Yes (date/location) ____
-current PT or OT No Yes (name/agency) ____
□ Other _________________
Reason for referral/Description of concerns:
____
____

_________________________ ____________________________ _______________/_______________
Physician Signature ***Physician Name (please print)*** ***Phone*** ***Fax***
Billing # ____________________

Please Fax to Children's Treatment Network of Simcoe York at (705) 792-2775
CTN Service Navigator will contact the family by phone within the next several days. If you have any questions please contact CTN Access at 1-866-377-0286. Thank you. ***REVISED: JANUARY-2016***