



CLIENT INFORMATION			
Name:		DOB:	Gender: M <input type="checkbox"/> F <input type="checkbox"/> O <input type="checkbox"/>
(Surname)	(First)	(dd-mm-year)	
Address:		City:	Postal Code:
Health Card:		Version:	Exp:
Primary Diagnosis:		Other Diagnoses:	GMFCS:
<b>Parent/Guardian #1</b> Address same as client: <input type="checkbox"/> YES <input type="checkbox"/> NO (if "NO, complete fields)			
Name:		Custody: <input type="checkbox"/> parent <input type="checkbox"/> mother <input type="checkbox"/> father <input type="checkbox"/> other:	
Relationship to Client:		Primary Contact Number:	
Address:		City:	Postal Code:
Alternate Contact Number:		Email:	
Language(s) Spoken:		Interpreter: <input type="checkbox"/> YES <input type="checkbox"/> NO	French Language Services: <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Parent/Guardian #2</b> Address same as client: <input type="checkbox"/> YES <input type="checkbox"/> NO (if "NO, complete fields)			
Name:		Custody: parents mother father other:	
Relationship to Client:		Primary Contact Number: - -	
Address:		City:	Postal Code:
Alternative Contact Number:		Email:	

**Other Referrals (see eligibility page 2)**

- ☐ Occupational Therapy
 ☐ Physiotherapy
 ☐ Psychology (pre-approval required see page 2)
 ☐ Service Coordination
 ☐ Service Navigation

**Diagnostic and Medical Consultation**

SERVICE	REQUIREMENTS/ELIGIBILITY (relevant consult notes and reports required)
<input type="checkbox"/> Diagnostic Autism Clinical Services (DACS) (formerly Developmental Assessment Consultation Services)	DACS referrals accepted for Simcoe County and York Region. For Simcoe County <u>only</u> please indicate:  <input type="checkbox"/> Developmental Pediatrician <input type="checkbox"/> SLP only ADOS <input type="checkbox"/> will attend ADOS
<input type="checkbox"/> Developmental Medical Clinic	Children with developmental concerns in addition to complex medical conditions (formerly Complex Medical Consultation)
<input type="checkbox"/> Medical Behavioural Clinic	Children with conditions associated with significant behavioural concerns possibly requiring medication, such as ASD with comorbidity
<input type="checkbox"/> Neuromotor Clinic (York)	Neuromotor diagnosis or similar presentation/query
<input type="checkbox"/> Spasticity Management Clinic	Neuromotor diagnosis with spasticity or dystonia Referrals by an OT or PT plus Physician

**Reason for referral/concerns: (mandatory)**

Physician Signature

Physician Name (please print)

Phone#

Fax#

Billing#

## 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](mailto: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.

**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.