



**REFERRAL FORM**

PLEASE COMPLETE AND SEND TO: 872 DUTTON ROAD  
PETERBOROUGH ON  
K9H 7G1  
Phone: 705-748-2221  
Toll free 1-888-779-9916  
Fax: 705-748-3526

CHILD'S NAME: \_\_\_\_\_ D.O.B. \_\_\_\_\_ SEX: \_\_\_\_\_  
(First) (Last) (Year/Month/Day) (F/M)

ADDRESS: \_\_\_\_\_ COUNTY: \_\_\_\_\_  
POSTAL CODE: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_ HEALTH CARD #: \_\_\_\_\_ VC \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_ BUS. PHONE #: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ BUS. PHONE #: \_\_\_\_\_

MOTHER'S ADDRESS AND PHONE #: (if different from above) \_\_\_\_\_

FATHER'S ADDRESS AND PHONE #: (if different from above) \_\_\_\_\_

PRESCHOOL/SCHOOL PRESENTLY ATTENDING: \_\_\_\_\_

REASON FOR REFERRAL: \_\_\_\_\_

DIAGNOSIS: \_\_\_\_\_

HISTORY AND OTHER RELEVANT MEDICAL/SOCIAL INFORMATION: \_\_\_\_\_

OTHER AGENCIES OR DOCTORS (ie. Infant Development, CAS, HSC): \_\_\_\_\_

**SUGGESTED ASSESSMENTS/PROGRAMS - PARENT OR PHYSICIAN REFERRAL (see back for details):**

SPEECH THERAPY _____	THERAPEUTIC RECREATION _____
OCCUPATIONAL THERAPY _____	FAMILY SERVICES _____
PHYSIOTHERAPY _____	AUGMENTATIVE COMMUNICATION _____
NEONATAL FOLLOW-UP (PT) _____	PRESCHOOL RESOURCE _____

REFERRED BY: \_\_\_\_\_ (Parent/Guardian Signature)

PHONE REFERRAL TAKEN BY: \_\_\_\_\_ DATE: \_\_\_\_\_

**CLINICS - PHYSICIAN REFERRAL REQUIRED FOR:**

PALATO-FACIAL MANAGEMENT \_\_\_\_\_  
(Paeds, ST, ENT, Orthodontia, Dentistry, Genetics, Psychology)

PAEDIATRIC ASSESSMENT \_\_\_\_\_

SEATING CLINIC \_\_\_\_\_  
(Paeds, PT, Orthotist, Equipment Vendor)

DO YOU REQUIRE PRIOR APPROVAL FOR A PAEDIATRIC ASSESSMENT, OR INVOLVEMENT IN A SPECIALIZED CLINIC WHICH INCLUDES THE PAEDIATRITION, IF RECOMMENDED BY CENTRE STAFF? YES  NO

REFERRING PHYSICIAN \_\_\_\_\_ ( please print)

ADDRESS \_\_\_\_\_

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

## **CENTRE SERVICES – PARENT OR PHYSICIAN REFERRAL**

**Speech Language Therapy** helps children with communication problems including feeding, swallowing, articulation, language and stuttering. Services are available to children up to the age of 6 with exceptions for some children with physical disabilities up to the age of 19.

**Occupational Therapy** helps independence, daily living, gross motor and fine motor skills including problems with feeding, play, sensory, perceptual, mobility and hand skills. Services are available to children up to the age of 6 with the exception of children with physical disabilities who are seen up to the age of 19.

**Physiotherapy** helps children with physical disabilities who have movement problems. Services are available to children up to the age of 19.

**Neonatal follow-up** supports infants who are born prematurely or are identified as “at-risk” for movement problems.

**Therapeutic Recreation** offers assessment and assists with developing leisure skills and knowledge, loans out adapted recreation equipment and works closely with community recreation and physical education providers to build quality inclusive participation opportunities. Services are available to Centre clients.

**Family Services** supports the social and emotional well-being of children with physical disabilities and their families. Services are available to children with physical disabilities up to the age of 19 and their families.

**Augmentative Communication** helps children with physical disabilities to speak and/or write effectively through the use of symbols and/or technology or other adaptations. Services are available to individuals up to the age of 21.

**Preschool Resource** Teachers help children with confirmed or possible delays in development in the home and/or child care settings. Services are available to children from 2 to 6 years of age.

## **CLINICS – PHYSICIAN REFERRAL REQUIRED**

**Seating/Orthotic Clinic** assesses children’s needs for seating, mobility and orthotic equipment and prescribes these devices.

**Pediatric Assessment** provides consultation to families and staff regarding medical issues and consults to all clinics at the Centre by the Medical Director, a paediatrician.

**Palato Facial Management Clinic** provides coordination, assessment and planning for children with cleft lip and palate and some other associated problems.

**Please contact FCCC at 705-748-2337 or 1-888-779-9916 if you have any questions. Services are provided in the counties of Peterborough, Northumberland, Haliburton and the City of Kawartha Lakes.**

/lg

12/12/05

Referral form reverse side