

COMMUNITY AGENCIES/PROFESSIONALS CURRENTLY INVOLVED:

Agency(s) (e.g. Child Protection, Community)

Professional (e.g. OT, Psychologist)

1. _____

2. _____

3. _____

MEDICAL INFORMATION:

Primary Diagnosis:

Other Diagnoses:

Medical History:

Taking Medication: Yes No

Reason for Referral/Concern:

Specialized Services:

- Aquatic Therapy
- Augmentative & Alternative Communication
- Clinical Seating
- Infant Development Services
- Life Skills Services
- Music Therapy
- Nursery Schools (Holland Bloorview)
- Orthotics (including protective headwear)
- Post-Secondary Transition Service
- Prosthetics (including myoelectric & cosmetic)
- Therapeutic Recreation Services
- Writing Aids

Dental Services:

- Cleft Lip & Palate (general anesthesia available for qualifying clients)
- Special Needs Dentistry (general anesthesia available for qualifying clients)

REFERRING PROFESSIONAL/CLIENT OR FAMILY:

Name: _____

Organization: _____

Telephone: _____

Fax: _____

Email: _____

Signature: _____