



Specialized Services
for Children & Youth
Together Is Better

REHABILITATION
CENTRE FOR
CHILDREN



1155 Notre Dame Avenue Winnipeg MB R3E 3G1

Telephone: 204-258-6661 Fax: 204-474-2387

ASSISTIVE TECHNOLOGY REQUISITION

DATE:	mm/dd/yy
PATIENT'S NAME:	DATE OF BIRTH:
PARENT(S)/GUARDIAN:	PHONE NUMBER:

DIAGNOSIS _____

CURRENT FUNCTIONAL STATUS

Check all that apply:

- Appointment required (Assessment)
- Notify therapist of appointment
- List details below to build/modify equipment (Please provide as much detail as possible)
- Equipment to be picked up from school/daycare:
 - o Pick up address: _____

DESCRIPTION

Once completed, equipment(s) will require (Check one that applies):

- Fitting appointment
- Pick-up by
 - o Family
 - o Therapist
- Delivery (must be school or daycare)
 - Delivery address: _____

Therapist Name: _____

Therapist Phone Number: _____

Therapist E-mail Address: _____