**CHILD'S INFORMATION**

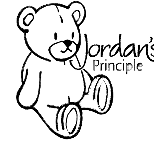
Last Name ______________________

First Name ______________________

Birth Date ______________ Gender ________
DD-MM-YYYY

First Nation ______________________

SSCY Centre
1155 Notre Dame Avenue
Winnipeg, MB R3E 3G1




**Jordan's Principle Referral for:**

- Occupational Therapy
- Physiotherapy
- Speech-Language Pathology
- Audiology
- Deaf and Hard of Hearing Early Intervention Services

For information please call: 1-855-884-8384

**FAX COMPLETED FORM TO: 204-258-6795**

Mailing Address ______________________

______________________ POSTAL CODE

Treaty # ______________ PHIN ______________

Language spoken at home ______________

Child attends: ☐ Head Start ☐ Daycare ☐ School

☐ Jordan's Principle day program ☐ Not attending a program

**REFERRAL SOURCE** Name ______________________

Role & Organization ______________________

Address ______________________

Phone ______________ Fax ______________

**PARENT(S) or GUARDIAN(S)** (Please check box to indicate which parent/caregiver this child lives with)

| | Parent/Caregiver Name | Relationship | Phone | E-Mail |
|---|---|---|---|---|
| ☐ | | | | |
| ☐ | | | | |

☐ Parents know about and agree with this referral.

**IF THIS CHILD RESIDES WITH SOMEONE OTHER THAN HIS OR HER LEGAL GUARDIAN, OR IS IN THE CARE OF A CHILD & FAMILY SERVICES AGENCY, THE FOLLOWING SECTION MUST BE COMPLETED:**

Legal Guardian ______________ Phone ______________ Fax ______________

Agency Name ______________ Address ______________ POSTAL CODE

**REASON FOR REFERRAL** (Check boxes that apply)

Diagnosis, if known ______________________

☐ **Speech-Language Pathology**

- ☐ Not talking
- ☐ Uses only a few words
- ☐ Hard to understand
- ☐ Does not follow directions
- ☐ Not making friends

Concerns:

☐ **Occupational Therapy**

- ☐ Clumsy hands
- ☐ Not paying attention
- ☐ Safety/ Running away
- ☐ Hard time calming self
- ☐ Concerns with eating, dressing, toileting

Concerns:

☐ **Physiotherapy**

- ☐ Clumsy
- ☐ Weak muscles
- ☐ Not rolling/sitting
- ☐ Not walking
- ☐ Plagiocephaly
- ☐ Torticollis

Concerns:

☐ **Audiology** ☐ Diagnosis associated with hearing loss

- ☐ Parental concerns
- ☐ Ongoing ear infections
- ☐ Speech delay
- ☐ Newborn risk factors for hearing loss

Concerns:

☐ **Early Intervention Services**

- ☐ Hearing Loss
- ☐ Suspected Hearing Loss

Concerns: