REHABILITATION CENTRE FOR CHILDREN

1155 Notre Dame Ave., Winnipeg, MB R3E 3G1

Jordan's Principle referral for:

Occupational Therapy Physiotherapy
Speech-Language Pathology Audiology

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

FAX COMPLETED FORM TO: 204-258-6795

CHILD'S INFORMATION

Last Name _____

First Name _____

Birth Date _____ ☐**Male** ☐**Female**
(DD-MMM-YYYY)

First Nation _____

Mailing Address _____

_____**Postal Code** _____

Treaty#_____ **PHIN#**_____

Doctor _____ **Phone**_____

Language spoken at home: _____

Child attends: __ Head Start __ Daycare __ School

__ Jordan's Principle day program __Not attending a program

REFFERAL SOURCE

Name _____

Role _____

Address_____

Phone _____ Fax _____

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

	Parent/Caregiver name(s)	Relationship	Primary Phone	Alternate Phone
☐				
☐				

☐ 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 ☐ Not making friends ☐ Hard time calming self ☐ Concerns with eating, dressing, toileting

Concerns: _____

☐ **PHYSIOTHERAPY**

☐ Clumsy ☐ Weak muscles ☐ Not rolling/sitting ☐ Not Walking ☐ Plagiocephaly ☐ Torticollis

Concerns: _____

☐ **AUDIOLOGY**

Concerns (please specify) :_____