



movin'mountains
- therapy services -

REFERRAL

Client Name:

Date of Birth:

Special Instructions:

Occupational Therapy

- Sensory Processing
- Paediatric Developmental Skills
- Visual Perceptual Skills
- Attention and Concentration
- School Related Skills: ie. reading and writing
- Executive Functioning
- Independence in Life Skills
(dressing, grooming, community, play)
- Behaviour and Self Regulation

Physiotherapy

- Paediatric Therapy
- Scoliosis treatment
- Post Concussion Rehab
- Child and youth athletic and injury recovery
- Motor skill attainment
- Infant injuries (i.e. Erbs Palsy, Torticollis)
- Paediatric post surgical rehabilitation
- Incontinence and pelvic floor rehabilitation

Speech & Language Pathology

- Paediatric communication therapy
- Receptive and expressive language skills
- Speech articulation and phonology
- Speech motor planning
- Fluency (stuttering/cluttering)
- Social thinking and social referencing skills
- Feeding challenges

Other services

- Management of degenerative conditions
- Prevocational training
- Seating and equipment needs
- Aquatic Therapy

Diagnosis:

Related radiology and/or lab findings:

Referring Physician: _____ Date: _____