

REFERRAL Client Name: Date of Birth: **Special Instructions:** Occupational Therapy **Thysiotherapy** ☐ Sensory Processing ☐ Paediatric Therapy ☐ Paediatric Developmental Skills ☐ Scoliosis treatment ☐ Visual Perceptual Skills ☐ Post Concussion Rehab ☐ Attention and Concentration ☐ Child and youth athletic and injury recovery ☐ School Related Skills: ie. reading and writing ☐ Motor skill attainment ☐ Infant injuries (i.e. Erbs Palsy, Torticollis) Executive Functioning ☐ Independence in Life Skills ☐ Paediatric post surgical rehabilitation (dressing, grooming, community, play) ☐ Incontinence and pelvic floor rehabilitation ☐ Behaviour and Self Regulation Speech & Language Pathology Other services ☐ Paediatric communication therapy ☐ Management of degenerative conditions ☐ Receptive and expressive language skills Prevocational training ☐ Speech articulation and phonology Seating and equipment needs ☐ Speech motor planning ☐ Aquatic Therapy ☐ Fluency (stuttering/cluttering) ☐ Social thinking and social referencing skills ☐ Feeding challenges Diagnosis: Related radiology and/or lab findings: Referring Physician: