ERINOAKKiDS
Centre for Treatment and Development

Private & Confidential

ASSISTIVE DEVICES RESOURCE SERVICE Referral Form

☐ **Peel**
☐ **Halton**
☐ **Dufferin County**

PLEASE PRINT AND COMPLETE IN FULL		
Client name:	**Diagnosis:** ☐ Stable ☐ Degenerative	
Gender: ☐ Male ☐ Female	**DOB:** *(dd/mm/yyyy)*	**Client E#:** ☐ N/A
Parent/Guardian Names:		
Phone (home):	**Phone (work/cell):**	
Street Address:	**City/Postal Code:**	
School/Daycare:	**School/Daycare Phone:**	
Primary School/Daycare Contact Name(s):		
Parent/Guardian Email: ***(optional)***	**School/Daycare Email:** ***(optional)***	
Primary Language:	**Translation Services Required:** ☐ Appointments ☐ Documentation	

ASSESSMENT REQUEST: Select all that apply

☐ Face to Face Communication *(complete Face to Face Questionnaire)*

☐ Written Communication *(complete Writing Aid Questionnaire)*

☐ Adapted Access: for Face to Face Communication technology *(complete Adapted Access Questionnaire)*

☐ Adapted Access: to computer for non-writing activities (e.g. mouse control, switch access) *(complete Adapted Access Questionnaire)*

☐ Adapted Access: for toys, Environmental Aids for Daily Living (EADL) *(complete Adapted Access Questionnaire)*

Assessment to address technology needs at:	
☐ Home	☐ Home and school
Note: *If technology is only needed at school, please follow up with your school for service options (e.g. Special Education Resources, School Health Support Services).*	

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ADRS History:	
☐ New ADRS client	☐ Previous ADRS client
☐ Seating clinic client (current or past)	
Communication Skills:	
☐ Verbal	☐ Non-Verbal
☐ Verbal Challenges (explain):	
Major transition events anticipated within 12 months (e.g. new school, aging out of ErinoakKids, etc.)?	
Additional information you wish to provide:	

SERVICE CLASSIFICATION

☐ **Existing ErinoakKids client** ☐ **New to ErinoakKids**

Complete questionnaire(s) corresponding to the type of referral.

Submit this form and questionnaire(s) to:

ErinoakKids Intake Services
10145 McVean Drive
Brampton, ON L6P 4K7
Phone 905-855-2690 (press 1)
1-877-374-6625 (press 1)
Fax 905-855-9451

- ***All of the above must be completed and submitted before the referral will be processed.***

Referred by:	**Contact info:**
Referring discipline:	**Referral date:**

Referral coding (*for ADRS to complete*)			
1 Priority	2 Consult	3 Re-referral	4 Regular Referral