Alberta Health Services

CARCSD
Central Alberta Regional Collaborative Service Delivery

Fax this completed form and the AHS Referral Form to 403-314-5230

Central Alberta RCSD Referrals

Name of Child: _____ Date of Birth: _____

School: _____ School Division: _____

Please check the boxes below to confirm that these actions have been completed:

- ☐ Student Record reviewed
- ☐ Most Recent Reports that are relevant to the referral are attached
- ☐ The Referral Form (Pg. 1 & 2) is completed & attached **(for new referrals only)**

This referral is for:

- ☐ A new referral
- ☐ Adding a discipline to an existing referral (for schools without a Core Rehabilitation team)

Services requested:

- ☐ AHS Rehabilitation Services – **Speech Language Pathology**
- ☐ AHS Rehabilitation Services – **Occupational Therapy**
- ☐ AHS Complex Communication and Mobility Consultants - **Physical Therapy**
- ☐ AHS Nurse Consultant
- ☐ Consultant for the Blind and Visually Impaired **Please include Ab. Ed. Student #** _____
  - Must include most recent vision information or eye report
- ☐ Consultant for the Deaf and Hard of Hearing
  - Must include most recent hearing information **e.g. Audiology report**
- ☐ Educational Audiology Consultant
  - List current equipment used **e.g. FM, hearing aids** _____

Date referral discussed by School Team: _____

Referral discussed and agreed to by **(Please check all that apply):**

- ☐ Parent
- ☐ Core Therapists
- ☐ School Staff
- ☐ School Division Contact

Information for Coordinated Intake & Service Provider:

Best number to call to reach the Family/Legal Guardian: ☐ Cell ☐ Home ☐ Work

Best time to call to reach the Family/Legal Guardian: ☐ Morning ☐ Afternoon

Alberta Health Services

Children's Rehabilitation Services Referral

To make a referral to Children's Rehabilitation Services, please complete the following information and forward by mail or fax. If you have any questions, please call the nearest Intake office:

Drumheller Health Centre
351-9th Street NW
Drumheller, AB T0J 0Y1
Fax 403.823.2446
Toll Free 1.855.420.7986

Red Deer 49th Street Community Health Centre
Bay A, 4755-49th Street
Red Deer, AB T4N 1T6
Fax 403.314.5230
Toll Free 1.855.414.5272

Camrose Professional Centre
#300, 5015-50 Avenue
Camrose, AB T4V 3P7
Fax 780.608.8648
Phone 780.608.8613
Toll Free 1.866.937.7476

Child's Information

Child's Legal Name *(Last Name)*	*(First Name)*	*(Initial)*	Personal Health Number

Date of Birth *(yyyy-Mon-dd)*	Gender ☐ Male ☐ Female	Family Physician/Pediatrician

☐ Child is in Foster/Kinship Care. If "yes" please name Social Worker/Case Worker below.	Language spoken at home _____ ☐ Interpreter needed

Name of Case Worker (CFSA)	Phone Number *(Business)*	
	(Cell)	*(Fax)*

Parent/Guardian Information

Parent/Guardian 1:			Parent/Guardian 2:		
Phone Number *(Preferred)* _____ *(Alternate)* _____			Phone Number *(Preferred)* _____ *(Alternate)* _____		
Mailing Address			Mailing Address ☐ Same as Parent 1		
City	Province	Postal Code	City	Province	Postal Code

Reason for Referral

Referral Source

Name		Title
Mailing Address		Agency/Department
Phone	Fax	Email

☐ **I confirm that the parent/guardian is aware of and agrees to this referral.**

Signature	Date *(yyyy-Mon-dd)*

School initiated referral please complete Page 2.

Alberta Health Services

Children's Rehabilitation Services Referral

Name of Child *(Last, First)*	School
School Contact	Teacher
Grade	Days/Time Attending

Teacher Checklist – Please check if this child has difficulties in any of the following areas:

Physical Activity	**Touch**	**Language**
☐ Playing in the playground/gym activities ☐ Walking ☐ Jumping ☐ Hopping/Skipping ☐ Throwing and catching ☐ Balance ☐ Coordination	☐ Reacts strongly or adversely when touched ☐ Standing in classroom lineups ☐ Touches others frequently ☐ Stands too close to others ☐ Reluctant to touch messy or gooey things ☐ Sensitive to specific clothing/texture	☐ Understanding and following instructions ☐ Using correct grammar ☐ Organizing and expressing thoughts ☐ Asking and answering questions ☐ Reading comprehension ☐ Phonics
Spatial Concepts	**Daily Living Skills**	**Hearing**
☐ Concepts of under, over, first, last etc. ☐ Letter/number reversals ☐ Copying from the board	☐ Toilet training ☐ Eating ☐ Tying shoelaces/buttons/zipper/dressing. ☐ Problem solving	☐ Often asks or repeats "What?" ☐ Speaks very loudly ☐ Following instructions in noisy situations ☐ Sensitive to noise
Seated Posture	**Safety**	**Speech**
☐ Frequently out of chair ☐ Frequently leans over desktop/rests on elbows ☐ Falls out of chair ☐ Stands/kneels on seat	☐ In bathroom ☐ While eating or drinking ☐ On the playground ☐ Runs into objects and people ☐ Falls frequently	☐ Is difficult to understand ☐ Struggles to say a sound even when asked to imitate it *(Please indicate specific sounds: _____)* ☐ Stuttering ☐ Fast rate of speech
Fine Motor	**Social Emotional**	
☐ Printing/writing ☐ Cutting ☐ Tremors ☐ Switches hands when printing/cutting	☐ Overactive ☐ Easily distracted ☐ Impulsive ☐ Poor attention ☐ Aggressive	☐ Peer relationships ☐ Routines/transitions ☐ Easily frustrated/upset ☐ Responding to directions ☐ Anxiety/worry

What are one or two questions that you are hoping to have answered through this referral?

_____

_____

What have you tried already to address these concerns?

_____

_____