



# NIAGARA CHILDREN'S CENTRE/SMARTSTART HUB REFERRAL FORM FOR PHYSICIANS/PRIMARY CARE/HEALTHCARE PARTNERS

Tel: 905-688-1890 ext. 110 | Fax: (905) 688-9181  
567 Glenridge Avenue, St. Catharines, ON L2T 4C2

Date referral form submitted : \_\_\_\_\_

## Section 1: Healthcare Provider Information

Enter the information about the person sending this request/referral (NOT the parent / legal guardian).

Provider first and last name (please print): \_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Fax: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Signature: \_\_\_\_\_

## Section 2: Child's Information (please print):

Child's First and Last Name: \_\_\_\_\_ Date of Birth (DD/MM/YYYY): \_\_\_\_\_

Child's address (must be in Niagara): \_\_\_\_\_

Health Card #: \_\_\_\_\_ VC \_\_\_\_ or IFHP UCI #: \_\_\_\_\_

Parent/Legal Guardian First and Last Name (please print name): \_\_\_\_\_

Primary Phone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell Number (for text reminders): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  same as primary phone

## Section 3: Services Requested

SmartStart Hub Services are available to any family who resides in Niagara with a concern about their child's development. Niagara Children's Centre Services are provided for children with diagnosed or suspected Physical, Developmental, or Communication delays and disabilities.

Please visit our website at [www.niagarachildrenscentre.com/referrals](http://www.niagarachildrenscentre.com/referrals) for detailed eligibility criteria by program and/or see [Birth-School Start OT/PT/SLP Referral Checklists](#). School Start definition: Before August 31 of the year the child turns 4.

I am making a referral for the following service(s):

- SmartStart Hub: Age 0-18 (19-21 if attending a publically funded school)
- Concerns about the child's development & not sure of developmental support needs, what services to seek or how to access them
- And/or
- Parent would benefit from an exploratory discussion about their child's development/strengths/needs, referral(s) to appropriate services and access to parent education and support resources
- Birth-School Start Occupational Therapy referral \_\_\_\_\_
- Birth- School Start Physiotherapy referral \_\_\_\_\_
- Birth-School Start Speech-Language Pathology referral \_\_\_\_\_
- Age 0-18: Gait Clinic: Initial referral must come from physician specializing in physical, orthopedic, neurological or neuromuscular medicine \_\_\_\_\_
- Age 0-18: Seating and Mobility Clinic \_\_\_\_\_

- Age 0-18: Casting and Splinting Clinic: Initial referral must come from physician specializing in physical, orthopedic, neurological or neuromuscular medicine \_\_\_\_\_
- Age 0-18: Home and Vehicle Modification Clinic \_\_\_\_\_
- Age 0-18: Augmentative and Alternative Communication \_\_\_\_\_
- Age 0-18: School-Aged Active Rehabilitation (recent change or loss in function including new condition or deterioration of existing condition; physical condition requiring adaptive strategies/equipment to maximize independence when challenges not solely related to cognitive delay; complex needs school-age child new to area) \_\_\_\_\_
- School Start-18: School-Age Equipment Needs (children with medical complexity/physical disability who require equipment needs for long-term, home-based postural safety and accessibility)
- Medical Clinics (Physician/primary care referrals only) \*\* billing and health card number required; child must be receiving or eligible for other services; please include any relevant reports or lab results with referral) \*\*
- Birth-School Start: Autism Assessment (may require speech-language and/or occupational therapy assessment) \_\_\_\_\_
- Age 0-18: Pediatric Neurology/Neurodevelopmental Clinic \_\_\_\_\_
- Age 0-18: Physical Medicine and Rehabilitation Clinic \_\_\_\_\_
- Physician's Billing Number: \_\_\_\_\_

#### Section 4: Areas of Concern (MANDATORY FOR ALL REFERRALS unless notes/reports are uploaded)

Areas of concern

- Feeding \_\_\_\_\_
- Communication \_\_\_\_\_
- Motor/Mobility \_\_\_\_\_
- Self-Care/Self-help \_\_\_\_\_
- Sensory processing \_\_\_\_\_
- Behaviour or Emotional/Mental Health\* \_\_\_\_\_

*\*Note: not eligible for Niagara Children's Centre without other developmental concerns (e.g. repetitive and restrictive behaviours associated with ASD, other delays) however this information assists with facilitating appropriate supports for the child/family.*

Other/Comments: \_\_\_\_\_

#### Section 5: Supporting Information/Documentation (Optional; please fax with referral form)

- Birth-School Start OT/PT/SLP Referral Checklists
- Reports/Notes

List other organizations the family is connected with: \_\_\_\_\_

#### Section 6: Transfers from Ontario PSL-IHP-BLV agencies or Children's Treatment Centres ONLY

Reports must be attached (if PSL-IHP-BLV, must include Transfer Form and ISCIS report)

#### Section 7: Planning for the Intake Appointment/Services

Service is available in English and French. Will the identified contact need an interpreter for another language on the intake call?

No    Yes    If Yes, specify parent language spoken including dialect, for an interpreter \_\_\_\_\_