Health Sciences Centre 59 Pearl Street Winnipeg, MB R3E 3L7 Ph: 787-2202

Assistive Technology PRODUCTS AND SERVICES

REFERRAL FORM

Deer Lodge Centre 2109 Portage Ave. Winnipeg, MB R3J 0L3 Ph: 831-3430

Date:/	./	Referral Rec'd: FOR OFFICE USE ONLY dd mmm / yyyy by
		st Name:
MHSC:	PHIN:	Date of Birth:///
Address:		City/Town:
Postal Code:	E-mail:	
Telephone: (Home)	(Work)	(Cell)
Diagnosis:		
Alternate Contact:		Telephone:
Referred by:		Affiliation:
E-mail:	Telephone:	Signature:
BILLING INFO (if applied	cable):	Attention:
Address:		
City/Town:	Postal	Code: Telephone:
Claim #:		Ref. #: P.O.#:
SERVICES REQUIRED: Please check all areas that apply. If services from both facilities are required please fax the same form to both sites as indicated.		
FAX REFERRAL 1	ΓO HSC at: 787-5099	FAX REFERRAL TO DLC at: 885-2524
☐ Automotive (phone: 787-2370) ☐ Mechanical (phone: 787-2370) ☐ Wheelchair Controls (phone: 787-1757)	☐ Computer Access (phone: 787-1757) ☐ Electronics (phone: 787-2367)	Communication Devices Program (phone: 831-3430) Communication Assessment and SGD Prescription (SLP) SGD Mounting and Access assessment and / or Consultation with OT Education session request Has there been any speech-language pathologist (SLP) involvement with this client either currently or previously? yes □ no If yes please provide name and contact numbers for SLP:
Description of services required:		