*SHS Office Use Only: Date received:\_\_\_\_\_\_\_\_\_ Service area: \_\_\_\_\_\_\_\_\_\_ added to waiting list:\_\_\_\_\_\_\_\_\_ Initial contact:\_\_\_\_\_\_\_\_\_\_\_\_ Discharge:\_\_\_\_\_\_\_\_\_\_\_*

|  |  |  |  |
| --- | --- | --- | --- |
| **Client** |  | Date of Referral |  |

|  |  |  |
| --- | --- | --- |
| Address: | Date of Birth (DD/MM/YY) |  |
| Phone (residence ) |  |
| Other phone (specify) |  |
| **D**evelopmental **S**ervices **O**ntario referral has been made □yes □no | | |

|  |  |  |
| --- | --- | --- |
| **Referral Source:** | Contact Person: |  |
| Relationship to Client: |  |
| Phone: |  |
| Email: |  |

|  |  |
| --- | --- |
| Has this individual been a client of Simcoe Habilitation Services in the past? | Yes \_\_\_\_\_\_ No \_\_\_\_\_\_ Don't Know \_\_\_\_\_\_ |

**CURRENT REASON FOR REFERRAL (please check areas of concern)**

|  |  |
| --- | --- |
| □ Transfers | □ Feeding/Eating |
| □ Mobility/Falls | □ Skills/Functional Assessment |
| □ Walker Assessment | □ Safety/Risk Assessment |
| □ Wheelchair Assessment | □ Cognition/Perception |
| □ Seating | □ Aging/Dementia |
| □ Skin Breakdown | □ Fine Motor |
| □ Sensory | □ Gross Motor |
| □ Behaviour | □ Orthotics/Braces/Splinting |
| □ Accessibility/Universal Design | □ Meaningful Activities |
| □ Daily Activities | □ Mood/Anxiety |
| □ Pain | □ Other: please specify |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **CURRENT MOBILITY STATUS** | | | | |
| **Walking** | □ independently | □with assistance | □ with cane | □ with walker |
| **Wheelchair** | □ manual | □ manual tilt | □ power tilt | □ power chair |
| **Seating** | □ standard | □ adapted | □custom mold | □ date received : |
| **Other** | □ scooter |  |  |  |

|  |
| --- |
| Please list any **specific goals** this client may have: |
|  |
|  |
| **Residential Information** (e.g. group home, family home, accessibility, etc.) |
|  |
|  |
| **Day Program Information** (e.g. type of program, attendance) |
|  |
|  |
|  |

SIMCOE HABILITATION SERVICES *256 Hughes Road, Office A,   
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**PHYSIO AND OCCUPATIONAL THERAPY SERVICES SINCE 1979**  *P. 705-325-8622, F. 705-259-8566*

