

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

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567 Glenridge Avenue, St. Catharines, ON L2T 4C2

Date referral form submitted (DD/MM/YYYY): \_\_\_\_\_

## 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): \_\_\_\_\_

Healthcare Provider Organization: \_\_\_\_\_

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 Email (If available): \_\_\_\_\_

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

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

## Section 3: Areas of Concern (MANDATORY FOR ALL REFERRALS unless notes/reports are uploaded)

Niagara Children's Centre Services are provided for children with diagnosed or suspected Physical, Developmental, or Communication delays and disabilities.

Areas of concern:

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

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

*\*Note: not eligible for Niagara Children's Centre without other physical or 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. Send referrals for primary mental health concerns directly to Pathstone Mental Health.*

#### Section 4: Services Requested

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 four.*

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

- SmartStart Hub: Age 0-18 (19-21 if attending a publically funded school):
  - Refer when a comprehensive exploration about the child's development is needed (conversation between the Hub's Intake Coordinators and the parent/guardian) for the purpose of identifying appropriate referrals within the Centre and community. If you feel you have made all necessary referrals, please do not also refer to the SmartStart Hub.
  - Refer directly to Pathstone Mental Health if primary concerns are with mental health.
  - When School Aged, refer directly to Contact Niagara if you are seeking a comprehensive exploration of a school-age child's needs (4-18) when the primary concerns are behaviour and/or when a school-age child has confirmed or suspected ASD/FASD/Intellectual Disability (ID).

- Birth-School Start: Speech-Language Pathology
- Birth-School Start: Occupational Therapy referral
- Birth-School Start: Physiotherapy referral
- Age 0-18: New Diagnosis Social Work Clinic (please select this option if you or another physician not involved with Niagara Children's Centre made a diagnosis that may result in a need for additional paperwork, funding applications, community referrals, or family adjustment/coping concerns (e.g. ASD diagnosis, neurodegenerative diagnosis).
- 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*
- School Start-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*
- Age 0-18: Gait Clinic *\*Initial referral must come from physician specializing in physical, orthopedic, neurological or neuromuscular medicine or checking this box will initiate PT Ax to determine eligibility*
- 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 or checking this box will initiate PT Ax to determine eligibility*
- Age 0-18: Home and Vehicle Modification Clinic
- Age 0-18: Augmentative and Alternative Communication

**\*\*Medical Clinics (Physician/primary care referrals only)    Physician's Billing Number \_\_\_\_\_**

- Birth-School Start: Autism Assessment *\*may require speech-language and/or occupational therapy assessment*
- Birth-School Start: Pediatric Neurology/Neurodevelopmental Clinic<sup>1</sup>
- Age 0-18: Physical Medicine and Rehabilitation Clinic  
**\*\*\* Billing and health card number required; please review Physiatry eligibility and ineligibility in the Physician section of the referral webpage. Please include any relevant reports or lab results with referral**

**<sup>1</sup>NOTE for school-aged clients:** Referrals for ASD or ID diagnostics for school-aged children/youth should be directed to Contact Niagara. General Neurology referrals or referrals for children with existing diagnoses who need further work-up/management of their condition can be sent to Dr. Kaitlyn Siu's Thorold Clinic.

#### 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, AAC Clinics, and Children's Treatment Centres ONLY

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