

NIAGARA CHILDREN'S CENTRE/SMARTSTART HUB REFERRAL FORM FOR PRIMARY CARE

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therapy and support to help kids shine
thérapie et soutien pour aider les enfants à briller

Date referral form submitted (DD/MM/YYYY): ___/___/___

Section 1: Primary Care 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 _____

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

Primary Phone #: ___-___-___ Alternate Number: ___-___-___

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 for detailed eligibility criteria by program and/or see Birth-School Eligible OT/PT/SLP Referral Checklists. School Eligible 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 Eligible Occupational Therapy referral _____

Birth- School Eligible Physiotherapy referral _____

Birth-School Eligible Speech-Language Pathology referral _____

Age 0-18: Gait Clinic: Referral from physician specializing in physical, orthopedic, neurological or neuromuscular medicine _____

Age 0-18: Seating and Mobility Clinic _____

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- Age 0-18: Casting and Splinting Clinic: Referral 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 0-21: 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) _____
 - Physician services ** 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 to School-Eligible: Autism Assessment (may also include speech-language and/or occupational therapy assessment)
 - Age 0-18: Pediatric Neurology/Neurodevelopmental Clinic
 - Age 0-18: Physical Medicine and Rehabilitation Clinic
- Primary Care Provider's Billing Number: _____

Section 4: Areas of Concern:

Areas of concern (see Centre Eligibility criteria)

- 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)

- Birth-School Age OT/PT/SLP Referral Checklists (please fax with this referral form)

Did you make other referrals today based on your visit? If so, where? _____

Section 6: 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 _____