

TVCC

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FAMILY AND COMMUNITY REFERRAL FORM

Today's Date:

File No.

(Office Only)

Child/Youth Demographics:

Name:	DOB:	Gender:
Address:	City:	Postal:
Youth Cell Phone (if applicable):	Youth email (if applicable):	
Health Card Number:	Version Code:	Expiry:
Primary Diagnosis:	Given by:	
Language Spoken*:	Interpreter Required:	Yes No
Allergies:		

**Please indicate if service in french is requested*

Parent/Guardian Demographics:

Name:	Relationship to child/youth:
Same address as child/youth	
Address:	City: Postal:
Phone Number (Home):	Work #: Cell #:
Preferred Contact Home Work Cell	Email:
Language Spoken:	Interpreter Required: Yes No
Legal Guardian Custody Access to health record	Lives with child/youth

Parent/Guardian Demographics:

Name:	Relationship to child/youth:
Same address as child/youth	
Address:	City: Postal:
Phone Number (Home):	Work #: Cell #:
Preferred Contact Home Work Cell	Email:
Language Spoken:	Interpreter Required: Yes No
Legal Guardian Custody Access to health record	Lives with child/youth

Physicians/Schools/Daycare/Other Agencies:

Name	Agency/Specialty	City
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Tell us what is needed: * See reverse for a description of services

Referred by:

Relationship to Child/Youth:

Service Name	Description
Augmentative Communication Service (ACS)	Support for developing alternative ways to communicate in person or in writing when speech or handwriting is not functional
Autism & Behavioural Services	Parents and caregivers must be registered in the Ontario Autism Program (OAP) to access treatment and free Foundational Family Services. Families may use the childhood budget or interim one-time funding to purchase treatment (behavioural, speech-language, or occupational therapies).
Bowel & Bladder Management	Assessment and education of catheterization bowel/bladder management
Blind Low Vision Early Intervention Program	Early intervention support for families with children who are blind or have low vision from birth until school entry
Brachial Plexus Treatment	Acute therapy following obstetrical nerve injury to the upper extremity
Occupational Therapy (OT)	Assessment, intervention and consultation from birth to school entry
Parent Mentor Service	Work with families to develop/maintain effective relationships with child/youth's school by enhancing understanding, planning and problem solving
Physiotherapy (PT)	Assessment, intervention and consultation from birth to school entry
School Health Support Services (OT, PT or SLP)*	*Contact the child's school principal or resource teacher to request OT, PT or SLP
Seating and Mobility Services	Assessment, prescription and fitting of clients in need of seating supports and mobility bases (strollers, wheelchairs, scooters)
Speech/Language Therapy (SLP)	Assessment, intervention and consultation from birth to school entry.
Splinting & Casting	Fabrication of hand splints, ankle night splints and serial casting. Consultation with community OTs available for hand splinting.
Therapeutic Recreation	Offer opportunities and support for children and youth to develop and maintain skills, knowledge and behaviours in recreation and leisure areas
Torticollis Treatment	Acute therapy for infants presenting with decreased neck range of motion
Youth Discovery Service	Assist teens (12 years +) to plan their future, explore interests, hopes and dreams. Complements planning process at school and with other agencies.
Youth for Youth Service	Assist youth ages 12-21 develop life skills, create meaningful connections with other youth, develop independence and gain new experiences